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Procedural manual.

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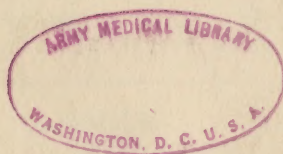
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PROCEDURAL MANUAL

PROCEDURES FOR EDITING, CODING
AND STATISTICAL PUNCHING OF
INDIVIDUAL STATISTICAL REPORT
OF PATIENT FORM Fa.

U.S. Bureau of Medicine and Surgery



Med. Mil. (Large)

U.S. Bureau of medicine and surgery.

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PROCEDURAL MANUAL FOR Fa CARDS

Introduction

According to the instructions given in the Manual of the Medical Department, any member of the Navy or Marine Corps who is taken up on the sick list has a form Fa card (Figure 2) made up for his case the day he is admitted to the sick list. This card is not sent to the Bureau of Medicine and Surgery until the individual goes back to duty, or his status on the sick list is changed by reason of a change in diagnosis or by reason of transfer as a patient to a hospital or other medical activity. If he goes back to duty, the Fa card is sent in to the Bureau and that case is closed. If his diagnosis is changed, the first Fa card is sent to the Bureau and a second Fa made out under the new diagnosis. If the patient is transferred to another medical activity, the first Fa card is sent to the Bureau, and the activity receiving the patient makes out a second Fa card. In cases of successive changes of diagnosis and transfers, each card is sent to the Bureau upon disposition from each status, and for these cases the Bureau receives a sequence of cards until the patient is finally discharged from the sick list and the final card is sent in. Since this system is based on a calendar year reporting unit, each card on hand December 31 of any year is closed out and sent to the Bureau and a new card made out to reopen the case for the following year.

The various cards on a multiple card case arrive in the Bureau at different times. For example, the first may arrive after several intermediate cards, or the cards may arrive at widely different intervals of time and in any order. Currently the cards for each case are assembled by a machine collation process into matched sets, and these matched sets are sent to the editing process. Here the incomplete sets (those for which some cards have not yet been received) are returned to the collating machines to await receipt of additional cards. The complete sets of matched cards are examined and one card for each diagnosis is coded to serve as a statistical punch transcript. The statistical tabulation cards are punched from these transcript cards. After the statistical punch cards are punched, the original Fa cards are filed alphabetically, and form a medical records reference file.

This reporting system serves two important purposes. First, it forms the basis for the compilation of detailed morbidity statistics for the Navy, such as are published annually in "Statistics of Diseases and Injuries in the United States Navy". The second purpose of the system is to provide a reference file of medical data to supplement the official files maintained in the Division of Physical Qualifications and Medical Records.

This Procedural Manual is prepared for the use of professional staff, supervisors, and clerks, to provide them with a uniform set of instructions and procedures. Such a manual will serve to standardize the methods and codes, and provide a record of such codes and methods for future use in interpreting tabulations. In order to achieve the objective of standardizing the methods and rules used by the various clerks working on the same operations, the instructions set down in this manual are to be followed literally unless corrected by written amendments. Such corrections or additions should be entered by each person in the spaces provided for notes.

Practices, rules, instructions or procedures which have been in effect for past years and which are not given in this manual should be discontinued. However, since this first edition of the procedural manual is obviously incomplete in many respects, the supervisor should be consulted regarding each practice, rule, or instruction which was formerly in effect and is not now included in the manual. Each such rule will then be reconsidered and issued in written form as an official amendment to the manual or will be ordered discontinued.

Each person using this manual, either as a guide to operations or for interpretation of tabulated results, should consider it a part of his responsibility to bring to the attention of the supervisors any errors or omissions in this manual and to make suggestions for the improvement of future revisions. The Procedural Manual should be developed so as to be the indispensable handbook for every worker in the Medical Statistics Branch.

Definition of Important Terms

Fa card or field card - the Individual Statistical Report of Patient card which is prepared by all medical activities and mailed to Bumed. No machine tabulations are made directly from this card.

Fp card or statistical punch card - the tabulation card punched from the information given on the Fa card. All machine tabulations for the Individual Report of Patients are made from this type of card.

Taken up - each Fa card indicates the method by which the patient is taken up on that card. "Taken up" may refer to admission to sick list (see below), or to take up from transfer or change of diagnosis while on sick list. Methods of taking up are defined and examples given in the Manual of the Medical Department. The methods and their accepted abbreviations are:

A	-----	New admission
RA	-----	Readmission
ACD	-----	Admitted contributory disability
FT	-----	From transfer
EC	-----	Diagnosis established; corrected
AD	-----	Additional diagnosis
FS	-----	Former status
"----	-----	Remaining (from last year)

Disposition - each Fa card indicates the method by which the patient is disposed of on that card. "Disposition" may refer to final discharge from the sick list (see below), or to disposition by transfer or change of diagnosis. Methods of disposition are defined and examples given in the Manual of the Medical Department. The methods of disposition and their accepted abbreviations are:

D	-----	Duty
C	-----	Diagnosis changed
DD	-----	Died
IS	-----	Invalided from service
RAN	-----	Deserted
T	-----	Transferred
"----	-----	Continued (to next year)

Admission - refers to the entrance (or taking up) of a person to the sick list. An admission may be either a new admission (A), readmission (RA), remaining ("----"), or in some cases, admitted contributory disability for a complication or sequela (ACD). This term does not apply to methods of "taking up" which involve only transfer or change of status while already on the sick list (FT, EC, AD, FS, and in most cases, ACD). Remaining, "----", is considered an admission, because by definition, cases are discharged and automatically readmitted to the sick list each calendar year.

Discharge - refers to the discharge of a patient from the sick list by one of the final methods of disposition (D, DD, IS, RAN or "----"). This term does not apply to methods of "disposition" which involved only transfer or change of status while already on the sick list (T or C). Continued "----" is considered a method of discharge for the same reason that Remaining "----" is considered an admission.

Case - the admission of a person to the sick list, his stay on the sick list, and his discharge from the sick list make up one case. The same person may be readmitted for the same diagnosis after discharge, or may be newly admitted for another diagnosis, but such additional entrances to the sick list are considered as different cases.

Single card cases - cases of illness or injury in which the patient was admitted to the sick list and discharged from the sick list without any change of diagnosis or transfer to another medical activity. In such cases, the complete record is reported to Bumad on a single card.

Multiple card cases - cases of illness or injury in which the patient was admitted to the sick list and then underwent one or more changes of status (ie, changes of diagnosis or transfer) before discharge. Every time a patient is transferred to a different medical activity and every time his diagnosis is changed, a new Fa card is made out and sent to Bumad. The consecutive set of cards for any case form a multiple card case.

Matched set - a set of cards for a multiple card case which have been assembled and matched and which form a complete continuous case history from date of admission to date of discharge.

Incomplete set - a set of cards for a multiple card case which are assembled but do not form a complete matched set (ie, one or more cards are missing).

Card type - types arbitrarily assigned to certain kinds of Fa cards or to Fa cards in certain stages of processing. Card type designations are used for convenience in record keeping, routing and classification of work processes, and to clarify instructions.

Card type 1 - Fa cards for single card cases. Each complete case, from admission to discharge is reported on one card. Type 1 cards may show the method of taken up as A, RA, "___", (or ACD if line 7 of Fa card is blank or states only "crew", "staff", etc.) and a method of disposition of D, DD, IS, RAN, "___"

Card type 2 - the Fa admission card (first card) for multiple card cases. Type 2 cards may show a method of taken up as A, RA, "___", (or ACD if line 7 of Fa card is blank or states only "crew", "staff", etc.), and a method of disposition of C or T.

Card type 3 - cards for multiple card cases which are intermediate to the admission card (type 2) and the discharge card (type 4). Type 3 cards may show a method of taken up as ACD, FT, EC, AD or FS, and a method of disposition as C or T.

Card type 4 - the discharge card for multiple Fa card cases. Type 4 cards may show a method of taken up as ACD, FT, EC, AD or FS and a method of disposition as D, DD, IS, RAN or ___.

Card type 5 - type 5 cards are type 2, 3 and 4 cards which were not converted into type 6 cards, but which were cancelled in the editing process.

Card type 6 - type 6 cards are type 2, 3 and 4 cards which are selected by the editing process to be used as punching schedules for Fp cards. A different type 6 card will be written up for each separate diagnosis in the matched set. Each matched set will produce one, and frequently several, type 6 cards.

Card type 7 - type 7 cards are type 1 cards which have been completely processed through coding and editing and are written up to be used as punching schedules for Fp cards. Each type 1 card is converted in the editing process to a type 7 card.

Merging - is the machine process by which one set of cards is interfiled into another set. One use of this process is to prepare files of the type 2, 3 and 4 cards for matching.

Matching - is the machine process by which one file is compared to another, card by card, and cards from the two files which have identical punches in specified columns are pulled out. This process is used in assembling matched sets.

Control files - are files set up for issuing and receiving unit packages of cards from coders, editors, punchers, etc.

Matching files - are the various files in which types 2, 3, and 4 cards are held pending matching.

Editing file - is the final file for all Fa cards, (types 5, 6 and 7). After the file is set up for any year, Fa cards are merged into the editing file at intervals after Fp cards have been punched.

Quality control - is the system by which the quality of work produced by any procedure is measured and regulated.

Production control - is the system by which the quantity of work produced by any procedure is measured and regulated.

Sick days - the total number of days (not less than 1 full day) that a patient is on the sick list for each separate diagnosis, including sick bay, dispensary, hospital, travel, and sick leave time.

EPTE - the abbreviation for "existed prior to entry" into active duty status.

Key letter - is a code symbol indicating the nature of violence in all cases of injury; and in poisonings when the origin is suicidal, homicidal or resulting from action against an organized enemy.

Specialty letter - is a code symbol referring to certain types of duty having special hazards (ie. aviation, submarine, etc.)

Hospital days - is the total number of days that a patient is carried on the sick list of a base, fleet, convalescent, or other naval hospital. Sick bay, dispensary, travel, sick or convalescent leave time all are excluded from hospital days. Hospital days can never be greater than sick days for any diagnosis.

Outline of Operations

Procedure for processing 1945 Fa cards is given in Figure 1. The operations shown there are outlined and described in the paragraphs below. Throughout the complete procedure, production and quality records will be maintained by the various control desks, and these will be centralized and integrated by the central control desks.

Classification and Allocation Unit

OPERATION 1. Receipt of Fa cards - Fa cards (or equivalent forms received from Army, U.S.P.H.S., etc.) will be delivered to the Classification and Allocation Unit by messenger. Other mail which may be erroneously delivered with Fa cards will be sent to the Administrative Office for proper distribution.

OPERATION 2. Station Allocation- Envelopes and packages of Fa cards will be opened by the station coding group, thus permitting gang station coding of groups of cards from same station. Each admission card will be allocated to its proper station and coded accordingly. Admission cards are usually those with no entry, or "staff", "crew", etc. on Line 7.

OPERATION 3. Card Inspection - As cards are inspected for station allocation, certain cards to be rejected, such as cards for supernumeraries, etc., and cards on non-standard forms will be sorted out. Rejected cards will be sent to the Administrative Office for proper disposal. Cards on non-standard forms will be coded for station and then sent to Standard Forms group.

OPERATION 4. Standard Forms preparation - Standard Forms Group will receive reports on non-standard forms from Army and U.S.P.H.S. offices and non-standard Navy cards direct from Operation 3. Standard forms will be prepared and verified. If station codes are given, they will be copied on the standard form cards. All reports copied on standard forms will be sent to the Station Allocation Group for completion of station coding.

OPERATION 5. Station Allocation Review - All cards which have been coded for station, including those received from Operation 4, will be completely reviewed to check the accuracy and completeness of the assigned code.

OPERATION 6. Screening for special cases - Cards received from Station Allocation Review will be screened in order to select out certain types of cards (K cards, special diagnoses, etc.) for special tabulation. These cards will be routed to proper units for tabulation and then will be returned directly to Operation 7.

OPERATION 7. Card type Classification - Cards received from screening in Operation 6 and selected cards returned from special hand tabulation will be sorted into card type groups 1, 2, 3 and 4.

OPERATION 8. Type Classification Verification - Since the efficiency of all following operations depends upon the accuracy of the type of sorting, the sorting of cards into card type groups must be reviewed. After this operation, cards will be sent to the Central Control Desk.

Central Control Desk

OPERATION 9. Unit packaging - cards received from Operation 7 will be processed through the gang punch numbering machine, which will gang punch card type number, month of receipt of cards, and will count out work unit packages of 250 cards. After packaging, all cards will be sent to the Machine Tabulation Unit for Fa card punching.

Machine Tabulation Unit

OPERATION 10. Fa card punching - Card types 1, 2, 3 and 4, separately packaged, will be received from Operation 9 and punched alphabetically according to instructions given. Minimum error rates must be maintained in this operation.

OPERATION 11. Fa card punch verifications and corrections - Cards punched in Operation 10 will be completely verified, error cards recopied and repunched. Throughout Operations 10 and 11, work unit packages of 250 cards must be maintained, and any cards withdrawn must be replaced with an equal number of identical type cards taken from substitution packages held by control clerks. From Operation 11, type 1 cards are sent to the Central Control Desk for Operation 13, and types 2, 3 and 4 are sent to the Fa matching files (Operation 12).

OPERATION 12. Merging and matching - Merging and matching operations consist of a continuous process by which files for card types 2, 3 and 4 are set up, additional cards received from Operation 11 are merged into these files, and at intervals the files are matched in order to draw out matched sets of cards for editing. The exact procedures vary according to the time of year and the requirements of the editing unit, but the objective is to assemble mechanically matched sets of cards containing a type 2 card, any type 3 cards belonging to the case, and the final type 4 card. Incomplete sets sent to editing will be returned to this operation for re-merging and future matching.

Editing and Coding Unit

OPERATION 13. Editing and Coding Single Card Cases - Type 1 cards received from Operation 11 will be received by the Central Control Desk as packaged in Operation 9. Work units will be released to single card case editing group for editing and coding.

OPERATION 14. Verification of single card cases - All items edited and coded in Operation 13 will be verified. Verification will be on a 100%, or on a sample basis, according to the verification policy as established by the supervisors, and as determined by error records maintained at the Central Control Desk.

OPERATION 15. Separation of complete matched sets - Card type 2, 3 and 4, received by Central Control file machine matching (Operation 12), will be examined to select out complete and incomplete sets. At certain times of the year, the incomplete sets will be returned to Operation 12 immediately. At other times, the incomplete sets will be divided into different kinds of incompletes and special procedures instituted for the arbitrary editing of such sets. After sorting, cards will be reassembled into standard work units for distribution to Operations 16, 17 and 18.

OPERATION 16. Editing and coding of incomplete sets - Editing of incomplete sets received from Operation 15 will be done according to procedures as issued and revised from time to time. Early in the year, few, if any, incomplete sets will be edited; later in the year, certain kinds of cases will be selected to be edited on the basis of information at hand. At the end of the year's work, all incomplete cases must be disposed of according to procedures established at that time.

OPERATION 17. Editing and coding of complete multiple card sets - Complete matched sets type 2, 3 and 4 cards received from Operation 15 will be edited and coded according to established instructions. In contrast to 1944 procedure, editing and coding for 1945 work will be merged into a single operation.

OPERATION 18. Verification of complete multiple card sets - All items edited and coded in Operation 17 will be verified. Verification will be on a 100%, or on a sample basis, according to the verification policy as established by the supervisors and as determined by error records maintained at the Central Control Desk. After verification, cards are divided into type 5 and 6 before return to the Control Desk.

OPERATION 19. Pick up coding - Type 6 and 7 cards received from Operations 14, 16 and 18 are screened at the Control Desk for cards without a complete station code, and for cards requiring special codes for causative agent and factor. Such cards are sorted out and sent to station code group or causative factor coder for completion.

Machine Tabulation Unit

OPERATION 20. Statistical card punching - Card types 6 and 7 received from Operations 14, 18 and 19 are used as schedules for punching statistical Fp cards. In this operation, card punchers will code selected items before punching.

OPERATION 21. Fp Statistical card punching review - All items punched in the Fp card will be verified. Repunch cards will be made for those found in error.

OPERATION 22. Fa Editing File - Type 5 cards and types 6 and 7 after received from Operation 21 will be sorted into complete alphabetical sort insofar as possible with the punching on the Fa cards. After the file is set up, additional types 5, 6 and 7 will be merged into the editing file as received. This file must be currently available for searching and checking of records for individuals.

OPERATION 23. Fp Statistical card file - Fp statistical cards as received from Operation 21 will be processed through specified operations of interpreting, sorting, and sequence checking necessary to set up the statistical card file. This file is principally in diagnostic order. Additional Fp cards will be merged into this file periodically as received from Operation 21. This file must be currently available for specified statistical and check tabulations.

EDITING AND CODING SUBSECTION

CLASSIFICATION AND ALLOCATION

USPHS, Army Forms For Navy Personnel

Standard Form Preparation

Recovery

Preliminary Station Allocation

Station Allocation Review

Screening for Special Cases

Type Classification Review

Unit Packaging Gang Punch Month

PRODUCTION AND QUALITY CONTROL

Type 1 Control File

Type 2, 3 & 4 Control File

Type 1 Edit-Code

Type 2, 3 & 4 Edit-Code

Review

Incomplete Review

Pick-up for Coding Station, Casualty Agent, etc.

EDITING AND CODING

Type 6 & 7

Type 3

MACHINE TABULATION

Statistical Card Punching

Coded Type 6 & 7

Statistical Card Punching Review

Fa Cards

Alpha Sort and Merge

Card Filing

Fa Alpha, Alpha Reference File

Annual Tabulation

Special Tabulations

Tabulations and reports are prepared by unit and by Staff

Matching, Type 2, 3 & 4

Type 1 File

Type 2 File

Type 3 File

Type 4 File

Unmatched Type 2 & 4

Fa Card Punching

Fa Card Punching Review Correction

Holding File, Verified Type 2, 3 & 4

REPORTS - SPECIAL REQUESTS UNIT

Special Tabulation - Casualty Cards

Spec. Tab. Selected Diagnosis cards

ADMINISTRATIVE OFFICE

Army Personnel

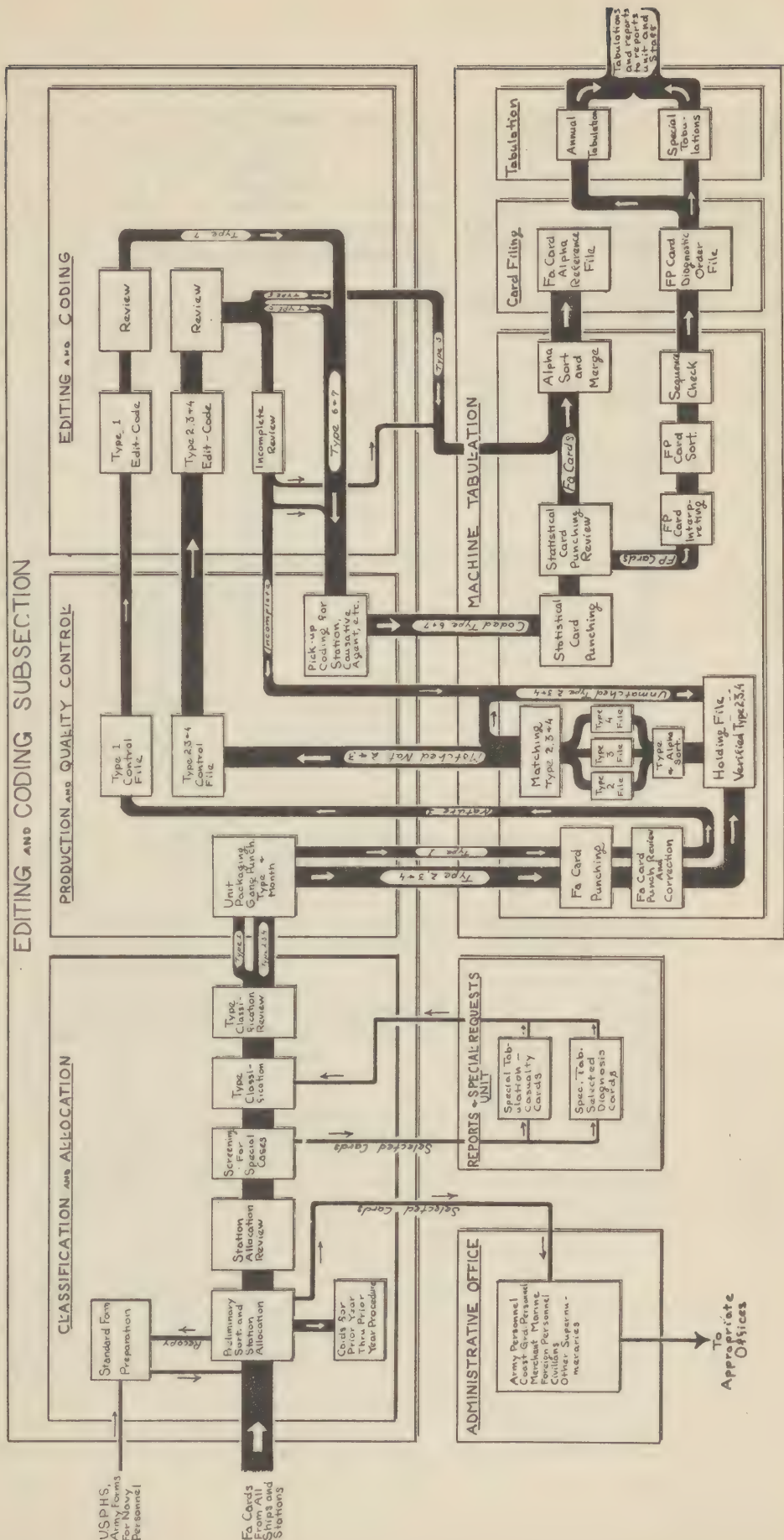
Coast-Guard Personnel

Merchant Marine

Foreign Personnel

Other Supermarinaries

Appropriate Offices



Item 1 Name	Item 2 Race	Item 3 Year born	Item 17 Caus. agent	Item 18 Caus. factor
Item 4 Rank or Rate	Item 5 Aviation	Item 6 Length of Service	Item 7 Diagnosis	Item 8 Part
Item 9 Taken up	Item 10 Date taken up	Item 11 Disposition	Item 12 Station Code	Item 13 Hosp. days
<p>1. NAME (In full, surname first) JOHN 000 00 00</p> <p>2. RANK W 5-18-23 California</p> <p>3. RANK OR RATE AV CAD USNR N. A. F. 1-7</p> <p>4. DIAG. NO. 2584 WOUND FRAGMENT LEG</p> <p>5. DATE 11-29-44 12-1-44 231</p> <p>6. EPTE: PREVIOUSLY TAKEN UP? No I R</p> <p>7. PATIENT RECEIVED FROM USN HOSP., PENSACOLA, FLA.</p> <p>8. TRANSFERRED AS A PATIENT TO -</p>				
<p>9. DIAG. CHANGED (C) TO -</p> <p>10. IACD ON ACCOUNT OF -</p> <p>11. THIS CARD SENT FROM - NATB Pensacola, Fl.</p> <p>12. REVERS - NAAS Bronson Field</p> <p>13. WITHIN COMMAND. 1. Work</p> <p>14. NEGLIGENCE NOT APPARENT. 2. Within command.</p> <p>15. PLANE CRASHED INTO SEA AFTER WAVE-OFF DURING LANDING OPERATION. 3. Negligence not apparent</p> <p>16. PLANE CRASHED INTO SEA AFTER WAVE-OFF DURING LANDING OPERATION. 4. Plane crashed into sea after wave-off during landing operation.</p>				
<p>17. DIAG. CHANGED (C) TO -</p> <p>18. IACD ON ACCOUNT OF -</p> <p>19. THIS CARD SENT FROM - NATB Pensacola, Fl.</p> <p>20. REVERS - NAAS Bronson Field</p> <p>21. WITHIN COMMAND. 1. Work</p> <p>22. NEGLIGENCE NOT APPARENT. 2. Within command.</p> <p>23. PLANE CRASHED INTO SEA AFTER WAVE-OFF DURING LANDING OPERATION. 3. Negligence not apparent</p> <p>24. PLANE CRASHED INTO SEA AFTER WAVE-OFF DURING LANDING OPERATION. 4. Plane crashed into sea after wave-off during landing operation.</p>				

Fig. 3 Old Type Fa Card Showing Proper Location of Symbols and Codes

NMS-Form Fa Card (1940)									
INDIVIDUAL STATISTICAL REPORT OF PATIENT									
1 NAME (IN FULL, SURNAME FIRST)		2 RACE		3 SERVICE NO.		4 TO -		5	
DOE, JOHN		C. California		000 - 00 - 00		DIAGNOSIS CHANGED (IC)		Item 17 Caus. agent	
6 DATE OF BIRTH		7 DATE OF BIRTH		8 DATE OF BIRTH		9		Item 18 Caus. factor	
5-18-28		5-18-28		5-18-28		10		Item 19 Primary di- ag. on ACD	
11		12		13		14			
2894		WOUND PRESENT		LEG		THIS CARD SENT FROM: NATB Pensacola, Fla. NAS Bronson Field			
15		16		17		18			
A		11-29-40		7D		12			
No		No		No		13			
No		No		No		14			
No		No		No		15			
No		No		No		16			
No		No		No		17			
No		No		No		18			
No		No		No		19			
No		No		No		20			
No		No		No		21			
No		No		No		22			
No		No		No		23			
No		No		No		24			
No		No		No		25			
No		No		No		26			
No		No		No		27			
No		No		No		28			
No		No		No		29			
No		No		No		30			
No		No		No		31			
No		No		No		32			
No		No		No		33			
No		No		No		34			
No		No		No		35			
No		No		No		36			
No		No		No		37			
No		No		No		38			
No		No		No		39			
No		No		No		40			
No		No		No		41			
No		No		No		42			
No		No		No		43			
No		No		No		44			
No		No		No		45			
No		No		No		46			
No		No		No		47			
No		No		No		48			
No		No		No		49			
No		No		No		50			
No		No		No		51			
No		No		No		52			
No		No		No		53			
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No		No		No		62			
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No		No		No		66			
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No		No		No		70			
No		No		No		71			
No		No		No		72			
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No		No		No		74			
No		No		No		75			
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No		No		No		89			
No		No		No		90			
No		No		No		91			
No		No		No		92			
No		No		No		93			
No		No		No		94			
No		No		No		95			
No		No		No		96			
No		No		No		97			
No		No		No		98			
No		No		No		99			
No		No		No		100			

Item 1 Name

Item 2 Race

Item 3 Year born

Item 4 Rank or Rate

Item 5 Aviation

Item 6 Length of Service

Item 7 Diagnosis

Item 8 Part

Item 9 Taken up

Item 10 Date taken up

Item 11 Disposition

Item 12 Station code

Item 13 Key letter

Item 14 Specialty

Item 15 Hosp. sick days

Item 16 Sick days

Item 17 Caus. agent

Item 18 Caus. factor

Item 19 Primary di-
ag. on ACD

USM HOSP., PENSACOLA, FLA.

Bureau Copy

Item 17 Caus. agent

Item 18 Caus. factor

Item 19 Primary di-
ag. on ACD

Item 12 Station code

Item 13 Key letter

Item 14 Specialty

Item 15 Hosp. sick days

Item 16 Sick days

Item 17 Caus. agent

Item 18 Caus. factor

Item 19 Primary di-
ag. on ACD

INSTRUCTIONS FOR CLASSIFICATION & ALLOCATION

Ship and Station Allocation

Structure of Code

The ship and station code consists of seven (7) digits. The first digit indicates in general whether the person is attached to a naval or marine activity within or outside continental United States, or to the ship group.

The second and third digits refer to the particular type of navy or marine activity, or type of ship, to which the individual is attached.

The last four digits refer to the geographic location of the navy or marine activity or to the hull number of those larger ships which are coded individually.

Fig. 5 Classification Scheme for Ship and Station Code

Successive Digits of Ship and Station Code							
1		2	3	4	5	6	7
Continental U. S.	General Navy	Activity		District		City	
	Navy Air	Activity		District		City	
	Navy Construction	Activity		District		City	
	Marine	Activity		District		City	
Non Continental U. S.	General Navy	Activity		Area	Location		
	Navy Air	Activity		Area	Location		
	Navy Construction	Activity		Area	Location		
	Marine	Activity		Area	Location		
Ship		Type		Hull Number			
1		2	3	4	5	6	7

Instructions for Coding Ship or Station

For statistical purposes illnesses are charged to the ship or station to which the person was attached when taken up on the sick list. The ship or station submitting the first admission card, (information from line 11), is assumed to be the ship or station to which the individual is attached unless it is stated on the Fa card that some other activity is to be credited with the admission. The ship or station code will be placed on all cards except those

having an entry in line 7 of the Fa card. Cards obviously prepared erroneously, but requiring a station code, will also be coded. All cards taken up as "---" (remaining) require a station code, even if line 7 is filled out. Remaining cards are to be allocated to the station sending in the remaining card, i.e., to the station given in line 11. If line 7 states "beach", "staff" "crew", or other designation indicating that the card at hand is the admission card, a station code will be assigned.

In order to insure efficient and accurate coding, the coder should be thoroughly familiar with the following parts and sources of the Ship and Station Code:

1. Master Code and Index (Flexoline cabinets)
2. Navy Activity Code (Alphabetical arrangement of activities)
3. Marine Activity Code (Alphabetical arrangement of marine air units and marine ground force units)
4. Continental City Code (Alphabetical arrangement)
5. Non-Continental Location Code (Alphabetical arrangement)
6. Navy Number Code (Numerical arrangement)
7. Construction Battalion Location Code (Numerical order)
8. Marine Activity Location Code (Combination alphabetical and numerical arrangement of marine air and ground force units)
9. Special Navy Units Location Code (includes such units as Base Hospitals, certain advanced bases, Acorns, Cubs, Casus, etc.)
10. Ship Type Code (Alphabetical arrangement of ship symbols)
11. Ships To Be Coded Individually (Alphabetical arrangement of ships by name)
12. Index in "Standard Nomenclature and List of United States Naval Vessels"

The coder will, at first, determine the group (see 1st digit code groups in Figure 5) to which the activity belongs: that is, whether general navy, navy air, navy construction or marine, and whether the activity is inside or outside the continental United States, or whether it is a ship. The proper code number for group will then be placed in the 1st digit box. If in doubt, reference should be made to the Master Code and Index. If not in the master index, the coder should consult the supervisor, or the yeoman in charge of the index, or the officer consultant for the ship and station code.

The second step is to ascertain the activity code number (second and third digits). If believed to be a navy activity, the coder will consult the Navy Activity Code, or if believed to be a marine activity, the Marine Activity Code. If the activity does not appear in either list, reference should be made to the Master Code and Index. If not found in the Master Index, the supervisor should be consulted, or the yeoman in charge of the Master Code and Index, or the officer consultant for the ship and station code.

If a ship, and the type is given on the card, consult the Ship Type Code. If the ship type is not given, refer to the index in the "Standard Nomenclature and List of United States Naval Vessels". If the name of the ship can not be located in the index, consult the supervisor or the yeoman in charge of the Master Code and Index, or the officer consultant for the ship and station code.

The third step in coding is the assignment of the four digit geographic code number or the coding of individual ships by use of the hull number. The following sources are to be consulted:

1. If a continental location, consult the Continental City Code.
2. If a non-continental location in the form of a:
 - (a) Navy Number, consult the Navy Number Code
 - (b) City or location by name, consult the Non-Continental Location Code
 - (c) Marine air or ground force unit, consult the Marine Activity Location Code
 - (d) Construction battalion, regiment, maintenance unit, detachment, pontoon assembly detachment, etc., consult the Construction Battalion Location Code
 - (e) Unit having name or number, such as a base hospital, hospital component, (eg., G-6), Acorn, Casu, etc., consult the Special Navy Units Location Code
3. If a ship, and the type of ship is given on the card, consult the Ship Type Code. Larger ships, (those with type code numbers 01, 11-15, 21-25, 41, 42, and 60) will be given a two digit type code, followed by the hull number. If the hull number is less than four digits, precede the number by zeros to make four digits.

That is, code hull number 25 as 0025, etc. If it is a type of ship not requiring individual coding, the last four digits will be coded as "0000".

If a ship type and hull number is not given, refer to the index in the "Standard Nomenclature and List of United States Naval Vessels."

All stations, activities, locations and ships not found in the Master Code and Index, and believed to be new, should be referred to the yeoman or the officer consultant for verification and addition to the codes. New activities and locations of sufficient importance will be added to the coders' copies by memorandum.

Outline of Ship and Station Classification

1st Digit

1. Continental U. S. - General Navy
2. Continental U. S. - Navy Air
3. Continental U. S. - Construction
4. Continental U. S. - Marine
5. Non-Continental U. S. - General Navy
6. Non-Continental U. S. - Navy Air
7. Non-Continental U. S. - Construction
8. Non-Continental U. S. - Marine
9. Ship Group

2nd & 3rd Digits

NAVY GENERAL:

1. Training
 10. Training station or center (Selected large stations or centers, individually identified from district city code)
 11. Other training schools and centers
 12. Naval academy
 13. Anti-aircraft training center
 14. Floating dry dock training center
 15. Amphibious and small craft training center
 16. V-12 training units
 17. Naval academic refresher units.
2. Repair and Operating
 20. Navy yard and drydocks
 21. Section and frontier base
 22. Naval base and advanced bases
 23. Naval station
 24. Naval operating bases and facilities
 29. Miscellaneous repair activities
3. Depots and supplies
 30. Ammunition, Mine, Net and Fuel Depots
 31. Torpedo Station, Testing Range, and Ordnance Plants
 32. Degaussing Ranges, Deperming Stations, etc.
 33. Supply, Clothing and Medical Depots
 39. Miscellaneous Depots
4. Medical
 40. Hospitals (Convalescent, base and fleet)
 41. Dispensaries and base medical facilities

5. Housing

- 50. Barracks
- 51. Receiving barracks, ship and station
- 52. Prison and disciplinary barracks
- 53. Rest and recreation camps
- 54. Training and distribution centers
- 55. Personnel and reshipment depots

6. Headquarters

- 60. District headquarters and shore patrol
- 61. Local defense forces and inshore patrol
- 62. Administrative command

7. Organization units

To include such units as base units, gropacs, etc., which are later absorbed by existing activities.

9. Miscellaneous

- 99. Activities not otherwise classified

NAVY AIR:

0. Training and General Air Activity

- 05. Preflight school
- 09. Air station, base, facility, etc.

2. Repair and Operating

- 29. Aviation Repair and Overhaul Unit

3. Depots and Supplies

- 33. Aviation Supply Depot and Material Center

5. Housing

- 50. Barracks (at air station)

7. Organization Units

- 70. CASU
- 71. PATSU

CONSTRUCTION:

1. Training

- 14. Naval Construction Training Center

3. Depots and Supplies

- 33. Advanced Base Construction Depots
- 39. Miscellaneous Depots

5. Housing

- 51. Advance Base Receiving Barracks
- 55. Construction Battalion Replacement Depot

7. Organization Units

- 70. Regiment
- 71. Brigade
- 72. Battalion
- 73. Special Battalion
- 74. Maintenance Unit
- 75. Detachment
- 76. Pontoon Assembly Detachment
- 77. Acorn
- 78. Cub
- 79. Lion

MARINE:

0. Marine General

- 01. Marine camp, training center and area
- 02. Marine base
- 03. Depot of supply, base depot (in U. S.)
- 05. Barracks
- 09. Air station, air base

1 & 2. Marine air

- 11. Marine air wing
- 12. Marine air base squadron
- 13. Marine air depot squadron
- 14. Marine air defense detachment
- 15. Marine air group
- 16 to 26. Marine air squadrons

3 to 9. Marine organization units

- 31. 1st Marine Division
- 32. 2nd Marine Division
- 33. 3rd Marine Division
- 34. 4th Marine Division
- 35. 5th Marine Division
- 36. 6th Marine Division
- 37. 7th Marine Division
- 40 to 47. Headquarters Activities
(FMF, 3rd and 5th Amph. Corps)
- 50 to 55. Supply Service and Artillery Activities
- 60 to 89. Miscellaneous units
- 98. Replacement Detachments, drafts, companies and casual companies
- 99. Units not otherwise classified.

SHIPS:

0. Battleships

- 01. Battleship (BB)

1. Cruisers

- 11. Heavy Cruiser (CA)
- 12. Large Cruiser (CB)
- 13. Battle Cruiser (CC)
- 14. Flying-deck Cruiser (CF)
- 15. Light Cruiser (CL)

2. Aircraft Carriers

- 21. Aircraft carrier (CV)
- 22. Aircraft carrier, large (CVB)
- 23. Aircraft carrier, small (CVL)
- 24. Aircraft carrier, escort (CVE)
- 25. Seaplane carrier (CVS)

3. Destroyers

- 31. Destroyers and destroyer leader (DD and DL)
- 32. Escort vessel (DE)

4. Submarines

- 41. Submarine (SS)
- 42. Mine-laying submarine (SM)
- 43. O, E, and S

5. Mine and patrol vessels

- 51. Mine layer (CM, GCM, ACM & IM)
- 52. Mine sweeper (IMS, AM, AMC & AMb)
- 53. Submarine chaser (SC, PCS, PC & PTC)

- 54. Escort vessel (PCE, PCER, PE & PF)
- 55. Gunboat (PG, PGM, PR)
- 56. Motor Torpedo boat (PT)
- 57. Yacht (PY, PYc)

6 & 7. Auxiliary vessels

- 60. Hospital ships (AH & APH)
- 61. Transport ships (AP & APC)
- 62. Rescue transport (APR)
- 63. Transport, submarine (APS)
- 64. Transport and aircraft ferry (APV & AKV)
- 65. Troop barge (APP & APT)
- 66. Transport (special types) (APA, APB, APD, APG, APM, APN)
- 67. Administration flagship and barrack ship (APF & APL)
- 68. Repair ships (AR, ARB, ARG, ARE, ARL, ARM, ARS, ARC, ARV, ARVE, ARST, AHVA)
- 69. Drydock (ARD, ARDC, ABD, ABSD, AFD)
- 70. Submarine tender (AS)
- 71. Submarine rescue vessel (ASR)
- 72. Ocean tugs (ATF, ATA, ATO and ATR)
- 73. Seaplane tenders (AV, AVD, AVP & AZ)
- 74. Tankers (AO & AOG)
- 75. Cargo ships (AK, AKA, AKD, AKN, AKS)
- 76. Destroyer tender (AD)
- 77. Ammunition ship (AE)
- 78. Miscellaneous auxiliary ships (AB, AC, AF, AG, AGC, AGD, AGE, AGP, AGS, AL, AN, AVC, AVR, AW & AWK)

8. Landing Ships and Landing Craft

- 80. Landing ships
- 81. Landing craft and landing vehicle

9. Miscellaneous

- 91. Miscellaneous ship (IX)
- 92. District and Yard craft
- 93. Armed guard
- 94. Men in transit
- 95. Non-navy ships, steamships and merchant ships
- 96. Ferrying crews
- 97. Beach party, beach battalion, etc.
- 99. Unknown

4th, 5th, 6th, & 7th Digits

CONTINENTAL U. S. GEOGRAPHIC CODE: (1st digit code numbers 1-4)

The geographic code consists of four digits. For locations within the continental United States, the 1st and 2nd digits refer to the Naval District, and the 3rd and 4th digits refer to the city or particular location within the district. Certain areas of the Naval districts listed, not within continental U. S. are classified under non-continental U. S. geographic code numbers.

- 00 Potomac and Severn River Naval Command
- 01 1st Naval District
- 03 3rd Naval District
- 04 4th Naval District
- 05 5th Naval District
- 06 6th Naval District
- 07 7th Naval District
- 08 8th Naval District
- 09 & 10 9th Naval District

- 11 11th Naval District
- 12 12th Naval District
- 13 13th Naval District

NON-CONTINENTAL U. S. GEOGRAPHIC CODE: (1st digit code numbers 5-8)

Outside continental United States, the 1st of the four digits of the geographic code, denotes general area, the 2nd digit a more specific area within the broad area, the 3rd and 4th digits, the islands or cities within the specific group of islands or countries.

- 0 South Atlantic
- 1 Eastern Fleet
 - 18. China
- 2 Home Fleet
 - 21. England, Ireland, Scotland and Wales
 - 23. France
 - 25. Germany
- 3 Western Atlantic
 - 30. Cuba, Puerto Rico, Virgin Islands, British West Indies, Bahamas, Netherlands West Indies, British Guiana, Dutch Guiana (10th Naval District)
 - 31. Newfoundland (Part, 1st Naval District)
 - 32. Iceland
 - 33. Greenland
 - 34. Labrador
 - 35. Bermuda (Part, 5th Naval District)
 - 36. Ascension Island
 - 37. Jan Mayen Island
 - 38. Honduras
 - 39. Brazil, Uruguay, Paraguay and Colombia
- 4 Mediterranean, Levant, West African Forces
 - 40. North African Waters
 - 43. Azores
 - 44. French Morocco, Algeria, Tunisia, Sierra Leone and French West Africa
 - 45. Sardinia
 - 46. Sicily
 - 47. Gibraltar
 - 48. Italy
- 5 Southeast Pacific
 - 51. Mexico
 - 52. Nicaragua
 - 53. Argentina
 - 54. Chile
 - 55. Canal Zone (15th Naval District)
 - 56. Ecuador
 - 57. Galapagos
- 6 Southwest Pacific
 - 60. Australia
 - 61. New Georgia Islands
 - 62. Solomon Islands
 - 63. New Britain
 - 64. Admiralty Islands
 - 65. Morotai
 - 66. Philippine Islands (16th Naval District)
 - 67. New Guinea
- 7 South Pacific
 - 70. South Pacific area (generally)
 - 71. Fiji Islands
 - 72. Solomon Islands
 - 73. New Caledonia
 - 74. Samoan Islands (Part 14th Naval District)

- 75. New Zealand
- 76. New Hebrides
- 77. Ellice Islands
- 8 Central Pacific
- 80. Palau Islands
- 81. Marshall Islands
- 82. Caroline Islands
- 83. Marianas Islands
- 84. Hawaiian Islands (14th Naval District)
- 86. Gilbert Islands, Tarawa, Apemama and Makin Islands
- 9 North Pacific
- 97. Alaska and Aleutian Islands (17th Naval District)

SHIP CODE: (1st digit code number 9)

All battleships (type 01), cruisers (types 11-15), aircraft carriers (types 21-25), submarines (types 41, 42), transports fitted for evacuation of wounded, and hospital ships (type 60), are coded individually by using the hull number. The hull number is preceded by the required number of zeros to constitute the four digits. All other ships are grouped and the ship type is followed by four zeros.

Standard Form Preparation

Reports on non-standard forms are received from various sources. Non-standard reports from Navy activities are usually on improvised forms, but in regard to information given, symbols used, and diagnostic nomenclature, the forms are acceptable. Such improvised Navy forms must be transposed to standard Fa cards so that the reports can be processed through necessary machine operations.

Non-standard forms for Navy personnel received from other than Navy sources (Army and U.S.P.H.S.) usually give only partial information and this generally is expressed in other symbols and terminology than required for Navy reports. Such non-standard reports must be translated to conventional Navy terminology and the information transferred to regular Fa cards. In converting such reports to Fa cards, the methods and terminology used in the Manual of the Medical Department and the rules and procedures set down for editing and coding must be followed.

Screening for Supernumeraries

When cards are examined prior to station coding and when screened for special cases, (Operations 3 and 6), supernumerary cases will be selected out and sent to the Administrative Office for transmittal to the appropriate offices. Supernumeraries include:

1. Army Personnel
2. Coast Guard Personnel
3. Merchant Marine Personnel (but not officers of the Merchant Marine Naval Reserve)
4. Personnel of foreign navies
5. Civilians
6. Other non-U.S. Navy persons
7. Coast and Geodetic Survey Personnel

Screening for Selected Diagnoses

After cards are received from station coding, they are carefully screened to select out certain cards required for special hand tabulation. These selected cards are:

- A. All cards with key letter "K". These cards are selected out and sent to Casualty Section for special processing. All cards with key letter "K" are to be selected regardless of method of taking up or method of disposition.
- B. All cards with diagnosis in Class 1500. These cards are selected and sent to special coding and punching processes for tabulation. All cards with diagnoses in Class 15 are sorted out for this special tabulation regardless of method of taking up or method of disposition.
- C. All cards for selected diseases listed:

1.	Blackwater Fever	- - - - -	No.	1000
2.	Cholera	- - - - -	"	900
3.	Dengue	- - - - -	"	1001
4.	Diphtheria	- - - - -	"	804
5.	Filariasis	- - - - -	"	1002
6.	Malaria	- - - - -	"	1030 to 1034
7.	Plague	- - - - -	"	1006
8.	Poliomyelitis, Anterior, Acute	- - - - -	"	813
9.	Tetanus	- - - - -	"	1324
10.	Tsutsugamushi Disease	- - - - -	"	1037
11.	Typhus Fever	- - - - -	"	1035, 1036
12.	Yellow Fever	- - - - -	"	1013

Cards for these diagnoses are to be selected out only for new admission, (A), cases. Such cards are sent to Current Reports Sub-Unit.

Cards, as specified above, to be sorted out for special study are to be sorted out before cards are classified by type and when returned to the Classification and Allocation Sub-Unit will be combined with other cards which are ready for type classification.

All of the above cards will be sent from the Classification and Allocation Unit on a loan basis. Records will be kept of the number of cards sent and returned.

Classification of Card Type

The classification of a card according to type number is a basic operation that affects the efficiency of all future processes. The success of the Fa card system of reporting is dependent upon matching successive cards of a set. The matching is a mechanical process, but if one card of the set is incorrectly classified as to type, it will probably be impossible to assemble the matched set. For this reason it is essential that the type classification be made with great exactness.

If the procedures for reporting data on the Fa cards were followed in the field without error or omission, type classification would be simple and could follow set rules. However, on account of errors in filling out Fa cards in the field, it is necessary that the type classifier understand thoroughly the meaning of the various types and attempt to classify the card correctly even though it may be imperfectly prepared in the field.

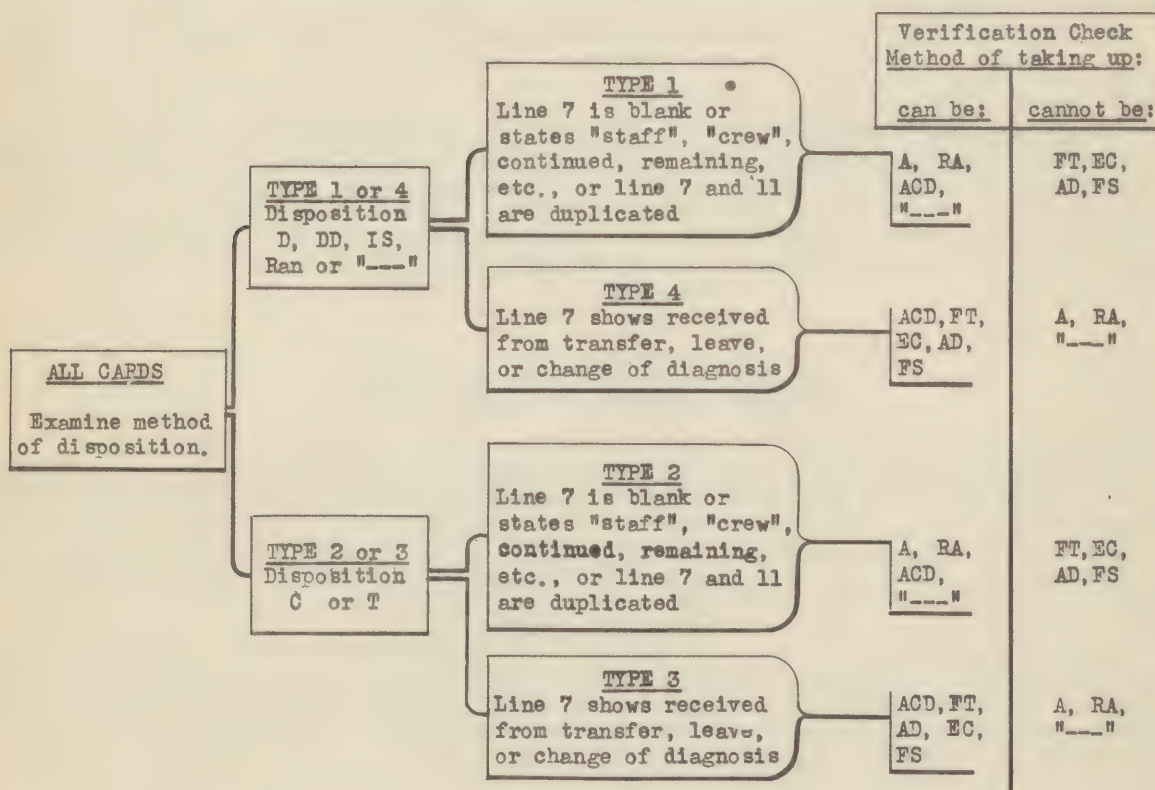
The type classifier should understand each of the methods of taking up, and of disposition, as well as the definition of admission, discharge, single and multiple card cases, and each of the seven types.

In classifying cards by type, the method of disposition should be examined first. If the method of disposition is a final disposition (D, DD, IS, Ran or "___"), the card represents a discharge card, and is therefore either a Type 1 or Type 4 card. Type 4 cards, being the discharge card of a multiple card case will show on Line 7 that the patient was received from transfer or from change of diagnosis. Type 1 cards, being single card cases, will have line 7 blank, or will state that the patient was received from "staff", "crew", etc. Cards taken up as "remaining" and discharged with a final disposition will be Type 1 cards, even though Line 7 is filled out. If it is impossible to decide whether a card is Type 1 or Type 4, classify as Type 4.

If the method of disposition is not a discharge, but merely indicates a transfer or change of diagnosis (T or C) the card is either a Type 2 or Type 3. Type 2 cards are the admission cards for multiple card cases and Line 7 will be blank or state that the patient was received from "staff", "crew", etc. Cards taken up as "remaining" and disposed of as T or C are also Type 2 cards even though Line 7 is filled out. Type 3 cards are intermediate cards of a multiple card case and line 7 should show that the patient was received from transfer or change of diagnosis.

Type classification must be accurate and therefore will be completely verified. The verification will consist of a complete check of the accuracy of the classification as described above. After the new methods of admission are in general use by the field, the review will be made according to a verification check on methods of being taken up. Procedure for classification of Fa cards by type and the verification check according to methods of being taken up are shown on the following chart:

Fig.6 Procedure for Classification of Fa Cards by Type



INSTRUCTIONS FOR Fa EDITING

General Instructions

Except for the coding of ship or station, the editor is responsible for the editing of every item which is to be punched and for the coding of most of these items. The instructions which follow are a guide to the editing and coding of each item which must be considered.

In working with the Fa cards, it must be remembered that these cards are legal records of value for future legal purposes as well as of value for immediate statistical purposes. The legal validity of the card, however, is based on the entries made on the card in the field. Entries, corrections and changes made on the cards in the medical statistics office have no legal value since the editor can have no first-hand knowledge of the facts of a case. The responsibility of the editor, therefore, is not to correct or improve the cards as sent in from the field, but to make only such changes or additions as are necessary for the correct tabulation of the card. Inconsistencies, errors, omissions, etc., which do not affect the accuracy of coding and tabulation should not be changed, but left as originally reported.

In previous years most of the Fa cards were edited in one process and then coded in a separate following process. However, the coder would see only the edited cards and not the complete case. For this reason, the editor was instructed to make various notations which would make clear to the coder and reviewer the reasons for various changes. Under the 1945 system, the editing and coding is combined and both the editor and reviewer have the opportunity of examining the complete set of matched cards. For this reason the editor should make correct such symbols and codes as required, but need not make notations explaining the reason for the changes. For example, if a diagnosis on a card is to be corrected, it is sufficient to cross out the old diagnostic code and write the correct diagnostic code. The correct diagnostic title need not be written on the card. If sick leave is computed for a period interrupted by an intercurrent diagnosis, it is sufficient to compute and write down the correct number of sick days without indicating by a circle or other symbol that sick time for that diagnosis was not continuous. Since both intercurrent and concurrent disabilities are coded the same, no notations regarding intercurrent or concurrent need be written.

In the following instructions, little distinction has been made between the coding for single card cases and multiple card cases. Most of the codes and procedures are applicable to both kinds of cases. All editors should know thoroughly the complete set of rules, codes, and procedures, so that they are available for work on either single or multiple card cases. In working on one kind of case, only the rules that are applicable will be applied.

Outline of Routing for Fa Editing

Throughout the following steps work will be kept in fixed work-unit packages and a strict accounting system will control the flow of work. Since this record system will be based on unit packages, it is essential that no cards be removed or additional cards added to a package, except when specifically called for in the following procedures. If an editor or reviewer finds a case which for some reason cannot be processed and must be withdrawn from the package, such a case shall be given to the supervisor and the editor or reviewer will replace the cards with an equal number received from a "substitution" package issued to the supervisor.

1. Type 1 cards will be received by the control clerk direct from the tabulation room after preliminary punching and zone code gang punching. When received, cards will be grouped in work-units of 250 cards. Such cards are placed in a file "To Edit, Type 1." They are then ready for step 5 below.

2. Type 2, 3 and 4 cards will be received from the tabulation room after machine matching. They will be grouped into specified size work-units and filed under "To Sort, Type 2, 3 and 4."
3. Cards from step 2 will be received from control desk by edit-sorters and incomplete cases separated from complete cases. Steps 2 and 3 may be eliminated at certain stages of the year's work, and instructions for the work to be done will vary. Sorted cards are returned to the control desk.
4. Complete cases received from step 3 will be reassembled into work-units of 250 cards and filed "To Edit, Type 2, 3 and 4". Incomplete cases will be returned to the machine room.
5. Type 1 cards from step 1 and Type 2, 3 and 4 cards from step 4 are received by the editors and edited according to specified procedures. The editor will make proper notations on the control card and return the edited package to the control desk. If in editing a package of Type 2, 3 and 4 cards, a Type 1 card is found, this card may be edited and not removed from the package. On the other hand, if in editing a package of Type 1 cards, the editor finds a Type 2, 3 or 4 card, this card should be given to the supervisor and a substitute obtained to keep the package count at 250.
6. After editing, packages of cards will be filed under "To Review, Type ____".
7. The reviewers will receive packages of edited cards from the files specified in step 6. The reviewing operation will consist of a complete checking of each code and symbol which is to be punched on the F_p card and tabulated. At times the control card received by the reviewer may give special instructions regarding sample verification. Such sample verification will be specified for editors who have reached a given level of proficiency. Errors will be counted by the reviewer according to the following definition: An error is anything which the editor has done wrong, or has failed to do, which if not corrected will probably result in the F_p card being punched incorrectly. A code which is written illegibly is considered an error under this definition.
8. After review, the cards will be returned to the control desk, with errors corrected and the review control card properly filled out.
9. Cards received from review will be sorted by the control desk into Type 5 cards and Type 6 and 7 cards. Type 6 and 7 cards will be screened to select those requiring additional coding for causative factor and agent or for Ship or Station Code. These will be released to specialized coders for completion.
10. Type 5, 6, and 7 cards after completion of all steps will be released to Machine Tabulation Unit.

General Editing Procedures

Whenever the sorting operation referred to in step 3 above is being done, the editor will receive only cases which are complete sets. If there is no sorting, the editor will receive packages of cards containing both complete and incomplete cases. Editors will edit only complete cases unless issued special instructions.

In order to assemble a complete case for editing, all cards with the same name are to be selected, and the name and service number or other data checked to determine that cards for other cases are not included. Cards are then arranged in chronological order. If a set of cards, all for the same individual, starts out with a method of admission (A, RA, ACD, "----") and the date of disposition on each card corresponds with the date of taking up on the next

card and the last card shows a method of discharge (D, DD, IS, R or "----"), then the case is a completely matched set. (However, with the old methods of taking up RA does not usually indicate the first, or admission, card.) A break in the calendar days covered may occur in a complete set if there has been travel time, sick or convalescent leave while on the sick list. One card will be terminated and another started each time the patient is transferred from one medical activity to another or whenever his diagnostic status is changed. The editor must understand the method of taking up for each card in a series, as well as the method of disposition. Reasons for which a diagnosis can be changed are: (a) Complication, (b) Sequela, (c) Error, (d) Diagnosis established, (e) Concurrent diagnosis, (f) Intercurrent diagnosis, (g) Convalescent leave and (h) Return to former status. (Recurrent diagnosis is also a reason for change of diagnosis under old procedures). Definitions and illustrations of methods of taking up and disposition, as well as the methods of handling each type of change of diagnosis are given in the Nomenclature.

In a strict sense "----" (Remaining) is not a method of admission nor is "----" (Continued) a method of discharge. However, the medical statistics of the U. S. Navy are compiled on an annual basis and cases are considered as terminated for the year, but not from the sick list on December 31 and reopened January 1 of the following year.

After checking, assembled complete sets are ready for editing. Such assembled sets will consist of one Type 2 card, one Type 4 card, and none, one or several Type 3 cards. The next step is to divide the set of cards into separate diagnoses. This is done so that the number of sick days for each diagnosis can be computed. Important Note: If a new diagnosis is merely a correction of a diagnosis that was in error, or if it represents the establishment of a diagnosis that was previously in doubt, then the first diagnosis is not considered to be a separate diagnosis. In such cases, the code for the correct diagnosis is written in place of the diagnosis code which was incorrect or not established.

The set of cards is divided into what may be called "subsets", one for each diagnosis. Note that there does not have to be more than one diagnosis. In fact, the majority of multiple card cases do not involve a second diagnosis. It should also be noted that the subset need not be consecutive cards. For example, it is common in the case of an intercurrent disease to have the diagnosis changed back to the original diagnosis after the intercurrent disease has been cured.

For each subset of cards, that is, for each diagnosis in the case, there will be a Type 6 card. In general, the Type 2 card, (the admission or first card) will be converted into a Type 6 card, and the first card of each subset will become a Type 6 card. The process of converting a Type 2, 3 or 4 card into a Type 6 card consists of editing or examining each item to be tabulated and where necessary making corrections, and writing codes. The Type 6 cards are used by the machine room as schedules from which to punch the Fp card.

The editor has, in general, three duties: (1) to eliminate all internal inconsistencies and obvious errors in each set of cards and where possible to rectify the omissions; (2) to bring up the essential information in each subset of cards onto the first card of the subset, the Type 6 cards; and (3) to write down the required codes. When this is completed, all the other cards in the subset are cancelled by putting a large blue pencil X through the statistical information. Cancelled cards are termed Type 5 cards. The complete set is thus boiled down to one card for each subset.

The first part of the editor's duties, as described above, involves the careful examination of each item for completeness and internal consistency. The diagnosis number must be checked against the diagnosis title, the sick days against the dates of taking up and disposition, and the manner of taking up and manner of disposition must be made consistent with the other circumstances. The key letters of injuries must be checked and, if absent, entered in the proper place in Line 6. The same is true of certain special naval activities - aeronautic duty, submarine duty, and diving duty - which require a code letter in the "Specialty" box in Line 6. Care must be taken, also, to see that all changes made on cards that are later cancelled are brought up to the first card of the subset whenever necessary. In particular, information necessary for coding station, key letter, specialty letter, causative factor and agent must be transposed to the Type 6 card. Specific instructions under each item provide detailed procedures and codes. Codes and symbols must be written legibly in the spaces indicated for the old or new kind of Fa card. See Figures 2 and 3.

Item 1. Name

No coding or editing is necessary for this item, except the use of name or service number for assembling and checking matched sets.

Item 2. Race

Race will be coded and punched directly by the Machine Room. No coding by the editors is necessary for this item. No editing is necessary for single card cases. For multiple card cases, all cards should be examined for consistency and if the information on the cards is inconsistent, the item should be edited to the most probable race on the basis of information given. If no race is given, edit to "white."

Item 3. Year of Birth

No coding is necessary for this item but a correct year of birth must be on every Type 6 or 7 card. If the year of birth is stated, it is assumed to be correct, unless obviously impossible (e.g., any year which would indicate an age not possible for Navy service, such as 1944.) If year of birth is not given or is incorrect on multiple card cases, the correct year may be on one of the following cards. If no year of birth is reported on any of the cards of the case, it may be judged by length of service and rank or rate, assuming an enlisted man entered service at 18 years of age, and officers at 22. If it is impossible to judge age, then use the age stated on the next case of approximately the same rank. In case of doubt, consult the supervisor, but in no case is it necessary to refer to official service records to get the exact age.

Item 4. Rank or Rate

The rank or rate code is a 3 digit code combining selected information on branch of service, rank and rate for Navy personnel. The classification scheme may be considered as divided into 7 major parts, each identified by the first digit of the code.

0. - Male Navy officers - the second digit of this part indicates corps; the third digit indicates rank.

1. - Male Marine officers - the second digit is always 1 since no corps breakdown is required; the third digit indicates rank.

2. - Women, Navy and Marine officers, and enlisted - the first digit for all women is 2; the second digit indicates whether a Navy nurse (21), Wave officer (22), Marine officer (23), Women MC officers (24), Wave enlisted (25) and Marine enlisted (26). For nurses, Wave and Marine officers, the third digit indicates rank. For enlisted Waves and Marines (women), the third digit is always 1 since no breakdown is required.

3, 4, 5 and 6. - Navy enlisted men - the first digit shows branch of enlisted force, i.e., Aviation 3, Artificers 4, Seaman 5, and Miscellaneous 6. The numbers 0, 1 and 2 of the second digit of the code are used to indicate various unrated groups under each branch, whereas numbers 3,4,5,6,7 and 8 indicate petty officers of the various branches and 9 indicates cadet groups

The third digit in each case stands for individual occupations or specialties. No differentiation is made in the code between chief and other petty officers.

7. - General court martial prisoners - Prisoners are all grouped together, taking a uniform code for 3 digits (711).
8. - Midshipmen - Midshipmen and reserve midshipmen are all grouped together, taking a uniform code for all three digits (890). The number 9 used for the second digit is to be consistent with the use of 9 for cadets in the enlisted and marine groups.
9. - Marine enlisted - the first digit of the code for enlisted Marines is 9; the second digit indicates whether aviation (8), all other (1), or Marine aviation cadet (9); the third digit is always 1 since no breakdown is required.

In assigning rank or rate code, the code will be determined from the information given on the Fa card, and the 3 digit code written in the designated boxes. Each Type 6 or 7 card must have a correct rank or rate code. Codes for officers, women (all classes), prisoners, midshipmen and enlisted Marines can be determined directly from the classified list. Codes for enlisted Navy men can be determined by checking the given abbreviations for rate in the alphabetical index to Rating.

On multiple card cases the rank or rate given should be the same on all cards of a matched set. If the rank or rate indicated is not the same on all cards, it is presumed that the correct designation is that given on the first card, unless other cards indicate definitely that another designation is more likely to be the correct one.

Navy officers are classified to the proper corps according to the corps or reserve designations given. If no corps or reserve classification symbol is given, code as if a line officer. In coding officer designation, it should be noted that all pilots are not officers, since CAP and AP indicate enlisted pilots.

Care must be taken to note and correctly code certain relatively infrequent groups: For example, care should be taken to assign the proper code to officer and enlisted women. Diagnosis class 2400 are women's diseases and such a diagnosis must be consistent with the rank code. Enlisted Waves are often identified as V-10; officer Waves as V-9.

Codes indicating aviation ranks or rates are to be coded as such without considering the information given under "aviation". Aviation ranks or rates may not always have flight orders. Conversely, non-aviation personnel may have flight orders. Do not confuse the coding for rank or rate with the coding for information under the "Aviation" item.

If rank or rate designation is not given, it may be possible to infer the probable code from length of service, branch of service, etc. In such cases, the card should be given a classification placing the person in the most common unit consistent with the data given. Consult the supervisor in case of doubt.

If supernumeraries (see Page 18) are found, exchange the card or the matched set of cards for an equal number of cards from the substitute package held by the supervisor. Note that certain Merchant Marine designations for officers are not supernumeraries, but indicate the Merchant Marine Naval Reserve. These may be identified by the letter "M" in the new reserve classification. If no naval reserve designation is indicated, a Merchant Marine officer or man is a supernumerary.

Rank and Rate Code
Statistical Classification

Officer Classification - 1st and 2nd digits - Corps Code

	<u>Regular Navy</u>	<u>Reserve Old Classification</u>	<u>Reserve New Classification</u>
0--. Navy Officers - men only, (3rd digit from rank code below)			
00-.Deck Officers		A-V(G), A-V(N), A-V(RS), A-V(S), A-V(T), C-V(G), C-V(L), C-V(S), C-V(X), CC-V(S), D-V(G), D-V(S), DE-V(G), DE-V(S), E-V(G), E-V(S), E-V(RS), L-V(S), O-V(S), O-V(RS)	(A), (AD), (A1), (A2), (A3), (A4), (A5), (A6), (A)L, (A1)L, (A2)L, (A3)L, (A4)L, (A5)L, (A6)L, (C), (CD), (C)L, (D), (D)L, (DE), (E), (E)L, (S), S(A), S(A1), S(A2), S(A3), S(A4), S(A5), S(A6), S(C), S(C1), S(C2), S(E), S(E1), S(E2), S(E3), S(E4), S(I), S(O), S(O1), S(O2), S(O3), S(O4), S(O5), S(O6), S(L), (DM), (EM), (DEM), (DM)L, (EM)L, S(DM), S(EM), S(DEM)
01-.Medical Corps	MC	MC-V(G), MC-V(S)	MC, MC(S), MCM, MCM(S)
02-.Dental Corps	DC	DC-V(G) DC-V(S)	DC, DC(S)
03-.Supply Corps	SC	SC-V(G), SC-V(P), SC-V(S)	SC, SC(S), SCM, SCM(S)
04-.Chaplain Corps	ChC	ChC-V(G), ChC-V(P), ChC-V(S)	ChC, ChC(S), ChC(P)
05-.Civil Engineer Corps	CEC	CEC-V(S)	CEC, CEC(S), CEC(S1), CEC(S2), CEC(S3)
06-.Hospital Corps	HC	HC-V(G), HC-V(S)	HC, HC(S)
07-.Specialists attached to Medical Corps, men only		H-V(P), H-V(S)	H(S), H(P)

1--. Marine Officers - men only, (3rd digit from rank code below)
11-.Marine officers

2--. Women Officers (3rd digit from rank code below)

- 21-.Nurse officers
- 22-.Wave officers
- 23-.Marine women officers
- 24-.Women MC officers

Officer Classification - 3rd digit - Rank Code

<u>Navy</u>	<u>Marine</u>
1. Warrant and Chief Warrant	Warrant (CMG, MG, CQMC, QMC, QPC, PC)
2. Ensign	2nd Lieut.
3. Lieut. (jg)	1st Lieut.
4. Lieut.	Captain
5. Lieut. Cmdr.	Major
6. Comdr.	Lt. Colonel
7. Captain	Colonel
8. Commodore, Rear Admiral Vice Admiral, Admiral and Admiral of the Fleet	Brigadier General, Major General and Lt. General

Enlisted Classification:2--. Women enlisted

251	Enlisted Waves
261	Enlisted women Marines

3--. Aviation branch34-. Pilot

340	CAP	Aviation Chief Pilot
	AP	Aviation Pilot (1-2)

35-. Machinist

350	ACMM	Aviation Chief Machinists Mate
	AMM	Aviation Machinists Mate (1-2-3)
351	ACMMC	Aviation Chief Machinists Mate Carburetor
	AMMC	Aviation Machinists Mate Carburetor (1-2-3)
352	ACMMF	Aviation Chief Machinists Mate Flight Engineer
	AMMF	Aviation Machinists Mate Flight Engineer (1-2-3)
353	ACMMH	Aviation Chief Machinists Mate Hydraulic
	AMMH	Aviation Machinists Mate Hydraulic (1-2-3)
354	ACMMI	Aviation Chief Machinists Mate Instrument
	AMMI	Aviation Machinist Mate Instrument (1-2-3)
355	ACMMP	Aviation Chief Machinists Mate Propeller
	AMMP	Aviation Machinists Mate Propeller (1-2-3)
356	ACMMT	Aviation Chief Machinists Mate Turbine
	AMMT	Aviation Machinists Mate Turbine (1-2-3)

36-. Electrician and Radio

360	ACEM	Aviation Chief Electricians Mate
	AEM	Aviation Electricians Mate (1-2-3)
361	ACRM	Aviation Chief Radioman
	ARM	Aviation Radioman (1-2-3)
362	ACRT	Aviation Chief Radio Technician
	ART	Aviation Radio Technician (1-2-3)

37-. Ordnance

370	CTMV	Aviation Chief Torpedomen Mate
	TMV	Aviation Torpedomen Mate (1-2-3)
371	ACOM	Aviation Chief Ordnanceman
	AOM	Aviation Ordnanceman (1-2-3)
372	ACOMB	Aviation Chief Ordnanceman Bombsight
	AOB	Aviation Ordnanceman Bombsight (1-2-3)
373	ACOMT	Aviation Chief Ordnanceman Turret Mechanic
	AOMT	Aviation Ordnanceman Turret Mechanic (1-2-3)

38-. Other

380	CAERM	Chief Aerographers Mate
	AERM	Aerographers Mate (1-2-3)
381	CPHOM	Chief Photographers Mate
	PHOM	Photographers Mate (1-2-3)
382	ACBM	Aviation Chief Boatswains Mate
	ABM	Aviation Boatswains Mate (1-2-3)
383	CPTRV	Chief Painter Aircraft
	PTRV	Painter, Aircraft (1-2-3)
384	CSKV	Aviation Chief Storekeeper
	SKV	Aviation Storekeeper (1-2-3)
385	ACM	Aviation Chief Metalsmith
	AM	Aviation Metalsmith (1-2-3)
386	CAR	Chief Airship Rigger
	AR	Airship Rigger (1-2-3)
387	CPR	Chief Parachute Rigger
	PR	Parachute Rigger (1-2-3)

39-. Cadet

390	AvCad	Navy Aviation Cadet
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4--. Artificer Branch

<u>41-. Fireman</u>		
410	F	Fireman (1-2)
<u>43-. Water tender</u>		
430	CWT	Chief Water Tender
	WT	Water Tender (1-2-3)
<u>44-. Electricians</u>		
440	CEM	Chief Electricians Mate
	EM	Electricians Mate (1-2-3)
441	CRM	Chief Radioman
	RM	Radioman (1-2-3)
442	CRDM	Chief Radarman
	RDM	Radarman (1-2-3)
443	CRT	Chief Radio Technician
	RT	Radio Technician (1-2-3)
444	CSOM	Chief Sonarman
	SOM	Sonarman (1-2-3)
445	CSOMH	Chief Sonarman Harbor Defense
	SOMH	Sonarman Harbor Defense (1-2-3)
446	CT	Chief Telegrapher
	T	Telegrapher (1-2-3)
<u>45-. Engineroom</u>		
450	CMM	Chief Machinist Mate
	MM	Machinist Mate (1-2-3)
451	CMMG	Chief Machinist Mate Gas Generating
	MMG	Machinist Mate Gas Generating (1-2-3)
452	CMMR	Chief Machinist Mate Refrigeration
	MMR	Machinist Mate Refrigeration (1-2-3)
453	CMMS	Chief Machinist Mate Shop
	MMS	Machinist Mate Shop (1-2-3)
454	CMOMM	Chief Motor Machinists Mate
	MOMM	Motor Machinists Mate (1-2-3)
<u>46-. All other Artificers</u>		
460	CB	Chief Boilermaker
	B	Boilermaker (1-2-3)
461	CCM	Chief Carpenters Mate
	CM	Carpenters Mate (1-2-3)
462	CM	Chief Metalsmith
	M	Metalsmith (1-2-3)
463	CML	Chief Molder
	ML	Molder (1-2-3)
464	CPTR	Chief Painter
	PTR	Painter (1-2-3)
465	CFM	Chief Patternmaker
	PM	Patternmaker (1-2-3)
466	CPRT	Chief Printer
	PRT	Printer (1-2-3)
467	CPRTL	Chief Printer Lithographer
	PRTL	Printer Lithographer (1-2-3)
468	CPRTM	Chief Printer Multilith
	PRTM	Printer Multilith (1-2-3)
469	CSF	Chief Shipfitter
	SF	Shipfitter (1-2-3)
470	CSA	Chief Special Artificer
	SA	Special Artificer (1-2-3)
471	CSAD	Chief Special Artificer, Special Devices
	SAD	Special Artificer Special Devices (1-2-3)
472	CSAI	Chief Special Artificer Instrument
	SAI	Special Artificer Instrument (1-2-3)
473	CSAO	Chief Special Artificer Optical
	SAO	Special Artificer Optical (1-2-3)

5--. Seaman Branch50-. Apprentice Seaman

500 AS Apprentice Seaman

51-. Seaman

510 S Seaman (1-2)

53-. Ordnance

530 CFC Chief Fire Controlman

FC Fire Controlman (1-2-3)

531 CFCO Chief Fire Controlman Operator

FCO Fire Controlman Operator (1-2-3)

532 CFCS Chief Fire Controlman Submarine

FCS Fire Controlman Submarine (1-2-3)

533 CGM Chief Gunners Mate

GM Gunners Mate (1-2-3)

534 CTM Chief Torpedomans Mate

TM Torpedomans Mate (1-2-3)

535 CTME Chief Torpedomans Mate Electrical

TME Torpedomans Mate Electrical (1-2-3)

536 CTC Chief Turret Captain

TC Turret Captain (1-2-3)

537 CMN Chief Minemen

MN Mineman (1-2-3)

54-. All other deck

540 CEM Chief Boatswains Mate

BM Boatswains Mate (1-2)

COX Coxswain

541 CBMA Chief Boatswains Mate Master at Arms

BMA Boatswains Mate Master at Arms (1-2)

542 CQM Chief Quartermaster

QM Quartermaster (1-2-3)

543 CSM Chief Signalman

SM Signalman (1-2-3)

6--. Miscellaneous Branch

600 STM Stewards Mate (1-2-3)

610 HA Hospital apprentice (1-2)

620 BUG Bugler (1-2)

63-. Clerical

630 CSK Chief Storekeeper

SK Storekeeper (1-2-3)

631 CSKD Chief Storekeeper Disbursing

SKD Storekeeper Disbursing (1-2-3)

632 CSKT Chief Storekeeper Technical

SKT Storekeeper Technical (1-2-3)

633 CY Chief Yeoman

Y Yeoman (1-2-3)

64-. Culinary

640 CCS Chief Commissary Steward

641 SC Ships Cook (1-2-3)

642 SCB Ships Cook Butcher (1-2-3)

643 BKR Baker (1-2-3)

644 CST Chief Steward

ST Steward (1-2-3)

645 CCK Chief Cook

CK Cook (1-2-3)

65-. Hospital Corps

650 CPHM Chief Pharmacists Mate

PHM Pharmacists Mate (1-2-3)

66-. Musicians

660	CBG1ST	Chief Buglemaster
	BGMST	Buglemaster (1-2-3)
661	CMUS	Chief Musician
	MUS	Musician (1-2-3)

67-. Specialists or Special Branch

670	CSPA	ChSp Athletic Instructor
	SPA	Sp Athletic Instructor (1-2-3)
671	CSPC	ChSp Classification
	SPC	Sp Classification (1-2-3)
672	CSPF	ChSp Fire Fighter
	SFF	Sp Fire Fighter (1-2-3)
673	CSPG	ChSp Gunner Instructor
	SPG	Sp Gunner Instructor (1-2-3)
674	CSPI	ChSp IBM
	SPI	Sp IBM (1-2-3)
675	CMAM	Chief Mailman
	MAM	Mailman (1-2-3)
676	CSPO	ChSp Inspector, Naval Material
	SPO	Sp Inspector Naval Material (1-2-3)
677	CSPP	ChSp Photographer
	SPP	Sp Photographer (1-2-3)
678	CSPQ	ChSp Communication
	SPQ	Sp Communication (1-2-3)
679	CSPR	ChSp Recruiter
	SPR	Sp Recruiter (1-2-3)
680	CSPS	ChSp Shore Patrol
	SPS	Shore Patrol (1-2-3)
681	CSPt	ChSp Teacher
	SPT	Sp Teacher (1-2-3)
682	CSPV	ChSp Transport Airman
	SPV	Sp Transport Airman (1-2-3)
683	CSPW	ChSp Welfare
	SPW	Sp Welfare (1-2-3)
684	CSPX	ChSp Miscellaneous
	SPX	Sp Miscellaneous (1-2-3)
685	CSPY	ChSp Control Tower Operator
	SPY	Sp Control Tower Operator (1-2-3)
686	CSSMB	Ch Ships Serviceman Barber
	SSMB	Ships Serviceman Barber (1-2-3)
687	CSSMC	Ch Ships Serviceman Cobbler
	SSMC	Ships Serviceman Cobbler (1-2-3)
688	CSSML	Ch Ships Serviceman Laundryman
	SSML	Ships Serviceman Laundryman (1-2-3)
689	CSSMT	Ch Ships Serviceman Tailor
	SSMT	Ships Serviceman Tailor (1-2-3)

7--. Prisoners

711	****	All prisoners
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8--. Midshipmen

890	****	All midshipmen
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9--. Marines

911	****	Marine, general, enlisted
981	****	Marine, aviation
991	****	Marine aviation cadet

Rank and Rate Code
Index to Rating

ACBM - 382	AP - 340	CM* - 462	CSK - 630	CTM - 534	PTR - 464	SPR - 679
ABM - 382	AR - 386	CMAM - 675	CSKD - 631	CTME - 535	PTRV - 383	SPS - 680
ACEM - 360	ARM - 361	CML - 463	CSKT - 632	CTMV - 370	QM - 542	SPT - 681
ACM - 385	ART - 362	CM - 450	CSKV - 384	CWT - 430	MDM - 442	SPV - 682
ACMM - 350	AS - 500	CMG - 451	CSM - 543	CY - 633	RM - 441	SPW - 683
ACMMC - 351	AVCAD - 390	CMHR - 452	CSOM - 444	EM - 440	RT - 443	SPX - 684
ACMMF - 352	B - 460	CMHS - 453	CSOMH - 445	F - 410	S - 510	SPY - 685
ACMMH - 353	BGMST - 660	CMN - 537	CSPA - 670	FC - 530	SA - 470	SSMB - 686
ACMMI - 354	BKR - 643	CMOMM - 454	CSPC - 671	FCO - 531	SAD - 471	SSMC - 687
ACMMP - 355	BM - 540	CMUS - 661	CSPF - 672	FCS - 532	SAI - 472	SSML - 688
ACMMT - 356	BMA - 541	COX - 540	CSPG - 673	GM - 533	SAO - 473	SSMT - 689
ACOM - 371	BUG - 620	CPHM - 650	CSPI - 674	HA - 610	SC - 641	ST - 644
ACOMB - 372	CAERM - 380	CPHOM - 381	CSPO - 676	M - 462	SCB - 642	STM - 600
ACOMT - 373	CAR - 386	CPM - 465	CSPP - 677	MAM - 675	SF - 469	T - 446
ACRM - 361	CAP - 340	CPR - 387	CSPQ - 678	ML - 463	SK - 630	TC - 536
ACRT - 362	CB - 460	CPRT - 466	CSPR - 679	MM - 450	SKD - 631	TM - 534
AEM - 360	CBGMST - 660	CPRTL - 467	CSPS - 680	MMG - 451	SKT - 632	TME - 535
AERM - 380	CBM - 540	CPRTM - 468	CSPT - 681	MMR - 452	SKV - 384	TMV - 370
AM - 385	CBMA - 541	CPTR - 464	CSPV - 682	MMS - 453	SM - 543	WT - 430
AMM - 350	OCK - 645	CPTRV - 383	CSPW - 683	MN - 537	SOM - 444	Y - 633
AMMC - 351	CCM - 461	CQM - 542	CSPX - 684	MOMM - 454	SOMH - 445	
AMMF - 352	CCS - 640	CRDM - 442	CSPY - 685	MUS - 661	SPA - 670	
AMMH - 353	CEM - 440	CRM - 441	CSSMB - 686	PEM - 650	SPC - 671	
AMMI - 354	CFC - 530	CRT - 443	CSSMC - 687	PHOM - 381	SPF - 672	
AMMP - 355	CFCO - 531	CSA - 470	CSSML - 688	PM - 465	SPG - 673	
AMMT - 356	CFCS - 532	CSAD - 471	CSSMT - 689	PR - 387	SPI - 674	
AOM - 371	CGM - 533	CSAI - 472	CST - 644	PRT - 466	SPO - 676	
AOMB - 372	CK - 645	CSAO - 473	CT - 446	PRIL - 467	SPP - 677	
AOMT - 373	CM* - 461	CSF - 469	CTC - 536	PRTM - 468	SPQ - 678	

*461, CM, Carpenters Mate(1-2-3)*462, CM, Chief Metalsmith

Item 5. Aviation

This item will be edited and coded for all Type 6 and Type 7 cards. Each card of these types must have a code for aviation status written in the designated code box. If this item is reported with the new approved symbols, coding will consist simply of converting the symbol to its corresponding code number. However, many cards will be found with obsolete and unapproved symbols and to code these use must be made of the rank and rate designation as well as the aviation information.

The editor should study the Classification of Flight Status in order to understand what categories are desired in tabulation. Judgment must be used to classify doubtful cases in order to achieve the desired classification. The Index to Flight Status symbols will provide the correct code in most cases.

Classification of Flight Status

Aviation personnel with flight orders

1. NAF - Commissioned aviator with flight orders
2. NAPF - Enlisted pilot with flight orders
3. AOF - Non-flying commissioned officers (not aviators) ordered to duty involving flying who have flight orders, such as naval observers, aerologists, navigators, bombardiers, flight surgeons, aviation medical examiners and other commissioned officers.
4. AF - Enlisted aviation personnel, not pilot, but with flight orders.

Aviation personnel without flight orders

5. NAG - Commissioned aviator without flight orders
6. NAPG - Enlisted pilot without flight orders
7. AOG - Non-flying commissioned officers (not aviators) without flight orders
8. AG - Enlisted aviation personnel, no flight orders

Non-aviation personnel

9. All non-aviation personnel, unknown and not specified.
(NOTE: All cards not properly assignable to code 1-8, must be coded 9.)

Index to Flight Status Symbols

<u>Approved symbols:</u>	<u>Code</u>	<u>Other designations, (cont.)</u>	<u>Code</u>
AF - - - - -	7	<u>"Ground"</u>	
AG - - - - -	8	Officer, aviator or unspecified - -	5
AOF - - - - -	3	Officer, specified non-aviator - -	7
AOG - - - - -	7	Rate, CAP or AP - - - - -	6
NAF - - - - -	1	Rate, not CAP or AP - - - - -	8
NAG - - - - -	5		
NAPF - - - - -	2	<u>"NoFl.", "N.Fl.", "N.F."</u>	
NAPG - - - - -	6	Officer, aviator or unspecified - -	5
		Officer, specified non-aviator - -	7
		Rate, CAP or AP - - - - -	6
		Rate, not CAP or AP - - - - -	8
<u>Other designations:</u>			
<u>"Fl"</u>			
Officer, aviator or unspecified -	1		
Officer, specified non-aviator -	3		
Rate, CAP or AP - - - - -	2		
Rate, not CAP or AP - - - - -	4		
		<u>Space blank</u> - - -	9
		<u>"none"</u> - - - - -	9
		<u>"_____"</u> - - - - -	9
<u>"Yes"</u>			
Officer, aviator or unspecified -	1		
Officer, specified non-aviator -	3		
Rate, CAP or AP - - - - -	2		
Rate, not CAP or AP - - - - -	4	<u>"No"</u> - - - - -	9

Item 6. Length of Service

Length of service is not to be coded by the editor, except to determine that the information is given on every Type 6 or Type 7 card. If no length of service is given for multiple card cases, it may be determined from other cards of the matched set. If not possible to determine or estimate length of service from the data for each case, then use the length of service stated on the next case of approximately the same rank. If the above rule is not applicable, consult the supervisor, but in no case is it necessary to check official service records to get the exact length of service.

Item 7. Diagnosis

The editing of the diagnosis item of the Fa card is the most difficult of all the editing operations. A completely satisfactory editing operation requires that the editor have an understanding of the Nomenclature of the Medical Department, of the meaning of the various terms, of the relations between the various diseases, and of the relations between the diagnoses themselves, and the anatomic systems and parts that might be affected by each diagnosis. Such knowledge can be obtained only by experience, by constantly working with the nomenclature and such sources as medical dictionaries, textbooks, etc., by studying the classification section of the Anatomic Location Code, etc. Since the disabilities reported on Fa cards are, for the most part, given in the standardized and limited terminology of the Nomenclature, the editor is not confronted with the task of learning a vast vocabulary. However, the following lists of prefixes, suffixes, symbols and abbreviations may be of help in understanding diagnostic terms.

Prefixes and Suffixes

- haem---)
- hem----) Prefixes denoting some relationship to the blood.
- haemo---) (e.g., Hemothorax--effusion of blood into the
- hemo---) thorax or chest)

- hyper--- A prefix signifying above, beyond, or excessive,
(e.g., Hyperacid--abnormally or excessively acid)

- hypo --- A prefix denoting a lack or deficiency (e.g., hypo-
glycemia--a deficiency of sugar in the blood); it
also indicates a position under or beneath (e.g.,
hypoglossal--situated under the tongue).

- hystero--.....A prefix denoting some relationship to the uterus,
(e.g., hysterotomy--incision of the uterus).

- myo-----A prefix denoting some relation to a muscle or to
muscles, (e.g., myocardium-- heart muscle).

- osteo---A prefix denoting relation to the bone, (e.g., osteo-
myelitis--inflammation of the bone, or bone marrow).

- salping--.....A term relating in most cases to the fallopian tube,
(e.g., salpingitis--inflammation of the fallopian tube).
- algia.....A suffix indicating relation to pain, (e.g. neuralgia -
pain in a nerve or in nerves).

- cele A suffix signifying a tumor or swelling, or cavity,
(e.g., meningocele--hernial protrusion of the meninges).

---ectomy.....	A suffix denoting a cutting out or excision, (e.g., appendectomy--excision of the appendix).
---emia	A termination denoting some relationship to the blood (e.g., septicemia--septic infection of the blood).
---itis	A termination denoting inflammation of the part to the name of which it is attached (e.g., appendicitis--inflammation of the appendix).
---oid	A suffix indicating resemblance to (e.g., rheumatoid--resembling rheumatism).
---oma	A suffix implying a diseased morbid condition, especially a tumor, (e.g., myoma--any tumor made up of muscular elements).
---osis	A termination denoting a disease (e.g., nephrosis--any disease of the kidney).
---pathy.....	A suffix denoting a disease or abnormal condition, (e.g., thoracopathy--any disease of the thorax or the thoracic organs).
---plasty.....	A termination indicating plastic surgery (e.g., thoracoplasty--plastic surgery of the thorax).
---rrhagia.....	A suffix indicating bleeding (e.g., otorrhagia--bleeding from the ear).
---rrhea.....	A termination indicating discharge (e.g., otorrhea--a discharge from the ear, especially a purulent one).
---uria.....	A termination indicating presence of the named substance in the urine (e.g., hematuria--the discharge of bloody urine).

Symbols and Abbreviations

Abdom.....	Abdominal
Ac.....	Acute
Ag.....	Silver
A.I.....	Aortic insufficiency
Al.....	Aluminum
Ao.....	Aorta
Art.....	Artery, arterial
Av.....	Avitaminosis
B.....	Bacillus (e.g., B. coli)
Bi.....	Bismuth
Bron.....	Bronchus (i), bronchial, bronchitis
C.....	Corynebacterium (C. diphtheriae)
Ca.....	Calcium when used as a chemical symbol; also used as an abbreviation for carcinoma
Ch(r).....	Chronic
C.N.S.....	Central nervous system
CO.....	Carbon monoxide
Comp, Cpd.....	Compound
Cong.....	Congenital
Conj.....	Conjunctiva, conjunctivitis
C.V.D.....	Cardiovascular disease
C.V.R.D.....	Cardiovascular renal disease
C.V.S.....	Cardiovascular system

Deg	Degeneration, degenerative
Dis	Disease
D.O.A.	Dead on arrival
Gc	Gonococcus, gonorrhea
G.I.	Gastro-intestinal
Gin.	Gingiva, gingivitis
Gl	Glossitis
G.U.	Genito-urinary
Gyn.	Gynecological
Hom	Homicide
H. D.	Heart disease
Ht	Heart
I.M.E.(or X)....	Injuries, multiple, extreme
K.I.A.	Killed in action
L.L.	Lower lobe
L.L.L.	Left lower lobe
L.U.L.	Left upper lobe
Lar.	Larynx, laryngitis
Liv	Liver
Lob	Lobar, Lobe
M.	Micrococcus (e.g., M. aureus)
Malig	Malignant
Met	Metastatic or metastasis
M.I.	Mitral insufficiency
M.I.A.	Missing in action
Muc	Mucus
MM	Mucus membrane
NMO	No more obtainable
Nar	Nares
Ob	Obstetrical, obstetrics
Op	Operation or operative
Orb	Orbit
P.I.D.	Pelvic inflammatory disease
POW	Prisoner of War
Pt	Patient
Pu	Pulmonary
R.L.	Right lobe
R.L.L.	Right lower lobe
R.M.L.	Right middle lobe
R.U.L.	Right upper lobe
S.	Salmonella (e.g., S enteritidis)
Sin	Sinus, Sinusitis
Sk	Skin
Sp(1)	Spleen
St.	State, as in State type.
Suic	Suicide
Syph(y)	Syphilis
TB or Tbc	Tuberculosis (tuberculous)
Ton	Tonsil, tonsillitis
Tem	Temporal
Trach	Trachea, tracheitis

Determination of correct 1945 Code:

The 1945 Nomenclature is different in many respects from the 1944 edition. Many titles have been added or restated, others have been dropped, and some diagnostic code numbers have been transposed. When the 1945 Nomenclature is available, it will be necessary only to look up the given title in the new Nomenclature and determine the correct number.

In the process of editing each case, the correct diagnostic term must be established for each separate Type 6 card. The correct term will normally be that on the first card for each diagnosis, unless subsequently changed by reason of "established" or "error", or unless determined to be incorrect by some of the rules or principles given below.

After determination of the correct diagnostic title, each diagnosis must be checked to establish that the correct diagnostic code number has been used. This checking of the code number should be done by looking up the diagnosis in the alphabetical index and checking the number. The checking should not be done by the reverse process of looking up the code number and then checking the title.

If the title given cannot be found in the new Nomenclature and is not an "xy" title, it is probably an obsolete title carried over from the 1944 list or a previous list. In such cases, the code to be assigned can be determined from the Index to Obsolete and Revised Diagnoses which is given below.

If the 1945 Nomenclature is not available, the checking of diagnostic codes is more difficult. Each term must first be searched in the Index to Obsolete and Revised Diagnoses to determine if the diagnosis is one for which the code has been changed. If found in this list, the new diagnostic code given there should be used. If not found in this list, the code number has not been changed and it is then safe to check its accuracy by use of the 1944 Nomenclature. If not found in the 1944 Nomenclature, the term is a new diagnostic title and the correct code can be checked from the Index to New Diagnoses given below.

Index to Obsolete and Revised Diagnoses

Abscess, Alveolar - becomes
Abscess, Dentoalveolar, 2700
Abscess, Periodontal, 2703
Absence, Acquired, Tooth (Teeth), 2705
Alcoholism, Chronic, 1573
Amnesia, 1542
Apoplexy, 1720
Blast Concussion, Atmospheric, 2595
Blast Concussion, Water, 2596
Boutonneuse Fever - takes
Rickettsial Dis., Misc., 1038
Caries, Teeth, 2707
Cerebrospinal Syphilis, Undifferentiated,
1225
Chancroid, 1201
Chancroidal Lymphadenitis, 1202
Constitutional Psychopathic State,
Criminalism, 1563
CPS, Emotional Instability, 1561
CPS, Inadequate Personality, 1561
CPS, Paranoid Personality, 1561
CPS, Pathological Liar, 1563
CPS, Schizoid Personality, 1562
CPS, Sexual Psychopathy, 1564
Constitutional Psychopathic Inferiority
without Psychosis, 1563
Dementia Paralytica (paresis), 1504
Dementia Praecox - becomes
Schizophrenia, 1522
Drug Addiction, St. Drug, 2171
Effort Syndrome - becomes
Neurocirculator Asthenia, 262
Effort Syndrome, Aviator, 262
Enuresis (Bed Wetting), 1573
Fatigue, Combat, 2172
Fatigue, Operational, 2180

Focal Infection, Teeth - becomes
Infection, Focal, Teeth, 2717
Gingivitis, 2712
Gingivitis, Vincent's, 2713
Gonococcus Infection, Conjunctiva, 1211
Gonococcus Inf., Epididymis, 1212
Gonococcus Inf., Joint, 1213
Gonococcus Inf., Lymph Node, 1216
Gonococcus Inf., Prostate, 1214
Gonococcus Inf. Seminal Vesicles, 1216
Gonococcus Inf. Urethra, 1215
Gonococcus Inf., Otherwise unclassified, 1216
Granuloma Inguinale, Nonvenereal, 1999
Hematorrhachis is Hematorachis, 1717
Hypochondriasis, 1545
Injuries, Type unknown, 2589
Lymphogranuloma Venereum, 1231
Malaria, State type - becomes
Malaria, Benign Tertian, 1030
Malaria, Malignant Tertian, 1031
Malaria, Mixed, 1033
Malaria, Quartan, 1032
Malaria, Unspecified, 1034
Malocclusion, Teeth, 2719
Malposition, Teeth (Tooth), 2720
Masturbation, 1561
Melancholia, Involutional, 1531
Mental Deficiency, 1581
Neurosis, Intestinal, 1545
Neurosis, Larynx, 1545
Neurosis, Pharynx, 1545
Neurosis, Otherwise unclassified, 1545
Neurosyphilis, Serological, 1224
Nostalgia (Homesickness), 1545
Odontalgia (Toothache), 2721
Odontorrhagia, 2722

- Oophoritis is broken down to
 Oophoritis, Acute, 2424
 Oophoritis, Chronic, 2442
 Oophoritis, unspecified, 2442
 Paradentosis, 2723
 Paranoia, 1523
 Paranoid State, 1524
 Perversion, Appetite, 1599
 Psychoneurosis, Anxiety, 1541
 Psychoneurosis, Compulsion Neurosis, 1543
 Psychoneurosis, Hysteria, 1542
 Psychoneurosis, Mixed Type, 1545
 Psychoneurosis, Neurasthenia, 1544
 Psychoneurosis, Psychasthenia, 1543
 Psychoneurosis, Situational, 1545
 Psychoneurosis, Traumatic, 1545
 Psychoneurosis, Unclassified, 1545
 Psychoneurosis, War Neurosis, 1541
 Psychosis, Epileptic, 1514
 Psychosis, Exhaustive, 1527
 Psychosis, Intoxication, Alcoholic, 1511
 Psychosis, Intoxication, Drug, 1512
 Psychosis, Intoxication, Other exogenous toxins, 1513
 Psychosis, Manic Depressive, 1521
 Psychosis, Senile, 1517
 Psychosis, Traumatic, 1515
 Psychosis, Unclassified, 1527
 Psychosis with Infectious Disease, State disease, 1501
 Psychosis with Organic Brain disease, 1516
 Psychosis with other disabilities, - State disability, 1518
 Psychosis with Psychopathic Personality, 1525
 Pulpitis, 2727
 "Q" Fever - becomes Rickettsial Diseases, Miscellaneous, 1038
 Rocky Mt. Spotted Fever Group. St. type, (excluding Boutonneuse Fever, Sao Paulo Typhus fever, South African tick bite fever) - becomes Rocky Mt. Spotted Fever, tick-borne, 1008
 Sao Paulo Typhus Fever - becomes Rickettsial Disease, Misc., 1038
 Seasickness - becomes Motion sickness, 2151
 Senility, 2199
 Sexual Perversion, 1564
 Simple Adult Maladjustment, 1545
 Somnambulism, 1574
 South African Tick Bite Fever - becomes Rickettsial Diseases, Misc., 1038
 Spasm, Habit, 2199
 Spasm, Nodding, 2199
 Spasm, Saltatory, 2199
 Stammering, 1571
 Stuttering, 1571
 Syphilis, 1221
 Syphilis, Sero-positive only - becomes Syphilis, Latent, 1222
 Tabes Dorsalis - becomes Tabes Dorsalis without Psychosis, 1223
 Tic, 2199
 Tooth Impacted, 2728
 Tooth Unerupted, 2729
 Tsutsugamushi Disease (Japanese River Fever) - becomes Typhus, Scrub, Mite-borne, 1037
 Tuberculosis, Otherwise unclassified. State location. Includes Tuberculous pneumonia, acute miliary tuberculosis, tracheobronchial tuberculosis, tuberculous pleuritis, extra-pulmonary tuberculosis, 1146
 Tuberculosis, General Miliary, 1146
 Tuberculosis, Pulmonary, Acute, General, Miliary, 1146
 Tuberculosis, Pulmonary, Acute, Pneumonic, 1146
 Tuberculosis, Pulmonary, Chronic, Active: If incipient, 1123
 If moderately advanced, 1124
 If far advanced, 1125
 Tuberculosis, Pulmonary, Chronic, Arrested: If incipient, 1133
 If moderately advanced, 1134
 If far advanced, 1135
 Tuberculosis, Skin, 1146
 Typhus Fever - is broken down to
 Typhus, Endemic, Flea-borne, (murine), 1035
 Typhus, Epidemic, Louse-borne, (classical), 1036
 Typhus, Scrub, Mite-borne, "Tsutsugamushi Disease", 1037
 Typhus Fever, Unspecified: - If reported from U. S., 1035
 If reported from Europe, 1036
 If reported from Pacific, 1037
 Rickettsial Diseases Misc. including "Q" Fever, Boutonneuse Fever, Sao Paulo Disease, So. African Tick Bite Fever, and other Rickettsial diseases, 1038
 Verruca Acuminata, Venereal, 2314

Index to New Diagnoses :

Abortion, State type, 2436
 Abscess, Dentoalveolar, 2700
 Abscess, Pericoronal, 2702
 Abscess, Pterygomandibular, 2704
 Aero-otitis, Media, 546
 Anthrax, 2706
 Asthenia, Postinfective, 2169
 Asthenia, Postsurgical, 2170
 Constitutional Psychopathic Inferiority, 1563
 Cystocele, 2437
 Erosion, 2708
 Erosion of Cervix, 2438
 Fistula Dentoalveolar, 2709
 Fluorosis, Dental, 2710
 Gingivitis, Heavy Metals, State type, 2711
 Gingivitis, Otherwise unclassified, 2712
 Granuloma Inguinale, Venereal, 1241
 Hematorachis, 1717
 Herpes, Oral, 2714
 Hydatidiform Mole, 2439
 Hypercementosis, 2715
 Infection, Focal Teeth, 2717
 Infection, Dental, Residual, 2716
 Infection, Vincent's Oral, Generalized, 2718
 Injuries, Type unknown, 2589
 Laceration of cervix, 2440
 Malaria, Benign Tertian, 1030
 Malaria, Malignant Tertian, 1031
 Malaria, Mixed, 1033
 Malaria, Quartan, 1032
 Malaria, Unspecified, -(If induced see 1017)-, 1034
 Malformation of Uterus, 2441
 Malocclusion, State type using Angle's classification, 2719
 Motion Sickness, 2151
 Neurocirculatory Asthenia (Effort Syndrome), 262
 Oophoritis, Acute, 2424
 Oophoritis, Chronic, 2442
 Parametritis, 2443
 Parulis, 2724
 Pathologic Sexuality, 1564
 Periodontitis, 2725
 Perleche, 2726
 Personality Disorder, 1561
 Psychoneurosis, Obsessive-Compulsive, 1543
 Psychosis, Alcoholic, 1511
 Psychosis, Drug, St. Drug, 1512
 Psychosis, other exogenous toxins. St. toxin, 1513
 Psychosis with Meningo-vascular Syphilis, 1502
 Psychosis with Mental Deficiency, 1526

Psychosis with other Somatic Disease. State disease, 1518
 Psychosis with Psychopathic inferiority, 1525
 Psychosis with Tabes Dorsalis, 1503
 Reactive Depression, 1531
 Rectocele, 2444
 Rickettsial Diseases, Miscellaneous
 "Q" Fever, Boutonneuse Fever, Sao Paulo Disease, South African Tick bite fever and other Rickettsial diseases, 1038
 Rupture Graafian Follicle, 2445
 Schizoid Personality, 1562
 Schizophrenia (Dementia Praecox), 1522
 Speech Disorder, 1571
 Syphilis, Early, 1221
 Syphilis, Latent, To include sero-positive only, 1222
 Syphilis, Otherwise Unclassified, 1226
 Tabes Dorsalis without Psychosis, 1223
 Tooth, Impacted. State number of tooth and type of impaction, 2728
 Tooth, Unrupted. State number of tooth and condition, 2729
 Toxemia of Pregnancy. St. type, 2446
 Tuberculosis, Pulmonary Primary, Active, 1101
 Tuberculosis, Pulmonary, Primary, Apparently Healed, 1112
 Tuberculosis, Pulmonary, Reinfection, Active, Far advanced, 1125
 Tuberculosis, Pulmonary, Reinfection, Active, Minimal, 1123
 Tuberculosis, Pulmonary, Reinfection, Active, Moderately advanced
 Tuberculosis, Pulmonary, Reinfection, Arrested, Minimal, 1133
 Tuberculosis, Pulmonary, Reinfection, Arrested, Moderately advanced, 1134
 Tuberculosis, Pulmonary, Reinfection, Arrested, Far Advanced, 1135
 Typhus, Endemic, Flea-borne, (murine), 1035
 Typhus, Epidemic, Louse-borne, (classical), 1036
 Typhus Scrub, mite-borne, "Tsutsugamushi Disease", 1037

Assignment to Specific Diagnosis

In checking the correct assignment of diagnostic codes, it should be determined that the disability is assigned to the most specific diagnosis provided in the Nomenclature. Because of lack of familiarity with the Nomenclature, reporting officers frequently report a diagnosis in a more general or less specific class than could be used. For instance, a broken tooth might be reported as "2531, Fracture, simple, tooth" overlooking the fact that a specific diagnosis is provided for this injury, "2513, Odontoclasia". Similarly, "calculus, kidney" might be erroneously reported under the general title "2116, Calculus, Otherwise unclassified" rather than under the specific title "749, Calculus, Urinary System".

Correct assignment of each disability to its most specific diagnosis code requires knowledge of each code provided. The following list will be of use in determining some of the specific diagnosis which are preferred over more general diagnoses.

List of Specific Diagnoses104 Anemia, Otherwise unclassified

For Anemia, Sickle Cell, use 100
For Anemia, Pernicious, use 101
For Anemia, Secondary, use 102
For Anemia, Splenic, use 103

202 Aneurysm, Otherwise unclassified

For Aneurysm, Heart, use 200
For Aneurysm, Varicose, use 201
For Aneurysmal Varix, use 203

223 Embolism, Otherwise unclassified

For Embolism, Cerebral, use 221
For Embolism, Air, from Sub Escape Appliance, use 2575
For Embolism, Air, use 2578
For Embolism, Fat, use 2579

255 Cardiac Arrhythmia, Otherwise unclassified

For Cardiac Arrhythmia Auricular Fibrillation, use 212
For Cardiac Arrhythmia Auricular Flutter, use 213
For Cardiac Arrhythmia Premature Contractions, use 214
For Cardiac Arrhythmia Sinus Arrhythmia, use 215
For Cardiac Arrhythmia Heart Block, use 227
For Cardiac Arrhythmia Paroxysmal Tachycardia, use 254
For Cardiac Arrhythmia Extra Systole, use 214

314 Cirrhosis Liver, Otherwise unclassified

For Cirrhosis Liver Atrophic, use 312
For Cirrhosis Liver Hypertrophic, use 313

367 Stomatitis, Otherwise unclassified

For Stomatitis Gangrenous, use 366

376 Vomiting

For Vomiting of Blood, use 335

506 or 507 Deafness

For Deafness due to Heavy Firing, use 2515
For Deafness, Dive Bombing, use 2588

534, 535, 536 Simsitis

For all combined, use 523

606 Cataract

For Cataract Traumatic, use 2530

615 Conjunctivitis, Otherwise unclassified

- For Conjunctivitis, Catarrhal, use 610
- For Conjunctivitis, Follicular, use 611
- For Conjunctivitis, Phlyctenular, use 612
- For Conjunctivitis, Purulent, use 613
- For Conjunctivitis, Vernal, use 614
- For Conjunctivitis, Acute, use 610
- For Conjunctivitis, Welder's flash, use 2569

811 or 812 Pneumonia

- For Pneumonia Virus, use 826

1035 - 1037 Typhus Fever

- For Typhus, endemic (Flea-borne), murine, use 1035
- For Typhus, epidemic (Louse-borne), classical, use 1036
- For Typhus, scrub, (Mite-borne), Tsutsugamushi Dis., use 1037
- For Typhus, unspecified
 - If reported from United States, use 1035
 - If reported from European area, use 1036
 - If reported from Pacific area, use 1037

1146 Tuberculosis. Otherwise Unclassified. Tuberculosis pneumonia

- acute miliary tuberculosis, tracheobronchial tuberculosis,
- tuberculosis pleuritis, and extra-pulmonary tuberculosis.
- For Tuberculosis, Pulmonary, Primary, Active, use 1101
- For Tuberculosis, Pulmonary, Primary, Apparently Healed, use 1112
- For Tuberculosis, Pulmonary, Reinfection, Active, Minimal, use 1123
- For Tuberculosis, Pulmonary, Reinfection, Active, Moderately Advanced, use 1124
- For Tuberculosis, Pulmonary, Reinfection, Active, Far Advanced, use 1125
- For Tuberculosis, Pulmonary, Reinfection, Arrested, Minimal, use 1133
- For Tuberculosis, Pulmonary, Reinfection, Arrested, Moderately Advanced, use 1134
- For Tuberculosis, Pulmonary, Reinfection, Arrested, Far Advanced, use 1135

1216 Gonococcus Infection, Otherwise unclassified

- For Gonococcus Infection Conjunctiva, use 1211
- For Gonococcus Infection Joint, use 1213
- For Gonococcus Infection Lymph Node, use 1216
- For Gonococcus Infection Urethra, use 1215
- For Gonococcus Infection Epididymis, use 1212
- For Gonococcus Infection Prostate, use 1214
- For Gonococcus Infection Seminal Vesicles use 1216

1300 Abscess, Otherwise unclassified

- For Abscess Alveolar, use 2700
- For Abscess Amebic, use 2200
- For Abscess Brain, use 1700
- For Abscess Joint, use 1663
- For Abscess Lymph Node, use 1407
- For Abscess Periapical, use 2701
- For Abscess Peridontal, use 2703
- For Abscess Perinephritic, use 700
- For Abscess Periproctial use 300
- For Abscess Peritonsillar, use 500
- For Abscess Periurethral, use 701
- For Abscess Perivesical, use 702
- For Abscess Retropharyngeal, use 501
- For Abscess Subphrenic, use 301
- For Abscess, Tooth, use 2703

- 1642 Periostritis Acute
For Periostritis Traumatic, use 2546
- 1645 Synovitis Acute
For Synovitis Acute, Traumatic, use 2557
- 1751 Paralysis, Otherwise unclassified
For Paralysis Agitans, use 1748
For Paralysis Ascending Acute, use 1749
For Paralysis Brown-Sequard's use, 1750
For Paralysis Muscle Ischemic, use 1640
For Paralysis Ocular Muscle, use 653
For Paralysis Vocal Cords, use 524
- 1807 Emphysema Pulmonary
For Emphysema Traumatic, use 2523
- 1917 Dermatitis, Otherwise unclassified
For Dermatitis Herpetiformis, use 1914
For Dermatitis, Industrial, use 1951
For Dermatitis Seborrheica, use 1915
For Dermatitis Venanata, use 1916
For Dermatitis Allergy, use 2166
For Dermatitis Stasis, use 1971
For Dermatitis Follicular, use 1928
- 1936 Impetigo, Otherwise unclassified
For Impetigo Contagiosa, use 1934
For Impetigo Herpetiformis, use 1935
- 1946 Lichen, Otherwise unclassified
For Lichen Planus, use 1944
For Lichen Ruber, use 1945
- 2003, 2004 Hernia Inguinal
For Hernia Traumatic, use 2571
- 2103 Polypus, Otherwise unclassified
For Polypus Nasal, use 527
- 2109 Anaphylaxis
For Anaphylaxis Typhoid, use 2111
- 2111 Anti-inoculation
For Anti-inoculation cowpox, use 1327
- 2116 Calculus, Otherwise unclassified
For Calculus Urinary System, use 749
- 2122 Diagnosis Undetermined
For Diagnosis Undetermined in Injuries, use 2518
For Diagnosis Undetermined in Poisonings, use 2600
- 2125 Fistula, Otherwise unclassified
For Fistula Biliary use 326
For Fistula Bladder, use 714
For Fistula Fecal, use 327
For Fistula in Ano, use 328
For Fistula Recto-Vaginal, use 2408
For Fistula Uterovaginal, use 2409
For Fistula Uterovesical, use 2410
For Fistula Vesicovaginal, use 2411

- 2126 Hydrocele, Otherwise unclassified
For Hydrocele Tunica Vaginalis, use 720
For Hydrocele Spermatic Cord or Scrotum, use 720
- 2127 Gangrene, Otherwise unclassified
For Gangrene Infective use 1314
For Gangrene Lung, use 1808
- 2133 Hemorrhage, Otherwise unclassified
For Hemorrhage Cerebellum, use 1719
For Hemorrhage Cerebral, use 1720
For Hemorrhage Epidural, use 1721
For Hemorrhage Medulla, use 1722
For Hemorrhage Nose, use 226
For Hemorrhage Subdural, use 1724
For Hemorrhage Traumatic, use Class 25
- 2134 Hematocele, Otherwise unclassified
For Hematocele Tunica Vaginalis, use 717
For Hematocele Tunica Vaginalis, traumatic, use 2536
- 2157 Ulcer, Otherwise unclassified
For Ulcer Bladder, use 744
For Ulcer, Cornea, use 667
For Ulcer Decubital, use 1965
For Ulcer Duodenum, use 371
For Ulcer Duodenum, perforated, use 392
For Ulcer Intestine, use 372
For Ulcer Mouth, use 373
For Ulcer Nasal Passage, use 541
For Ulcer Rectum, use 374
For Ulcer, Skin, use 1966
For Ulcer Stomach, use 375
For Ulcer Stomach, perforated, use 393
For Ulcer Tropical, use 1966
For Ulcer Varicose, use 261
- 2164 Foreign Body Non-traumatic
For Foreign Body Traumatic use 2528
- 2166 Allergy, Otherwise unclassified
For Asthma, use 1801
For Hay Fever, use 1809
For Urticaria, use 1967
- 2300 Adenoma
For Adenoma Thyroid, use 419
- 2302 Carcinoma, Otherwise unclassified
For Adenocarcinoma, use 2333
- 2305 Cyst, Otherwise unclassified
For Cyst Meibomian use 607
For Cyst, Sebaceous, use 2306
For Cyst, Retention, use 2306
For Cyst, Teratoma Inflamed, use 2334
For Cyst, Quiescent, use 2335
- 2309 Wart
For Warts Venereal, use 2314
For Warts Penile, Non-venereal, use 2314

2327 Sarcoma, Otherwise unclassified
For Lymphosarcoma, use 2337

2503 Bite

For Bite, Sand Flea, or Chiggers, use 2226
For Bite, by man, use 2503
For Bite, by animal, use 2503

2508 Burn, Otherwise unclassified

For Burn Chemical, use 2504
For Burn Electricity, use 2506
For Burn Friction, use 2568
For Burn Radium, use 2506
For Burn, Ultraviolet, use 2583
For Burn, X-ray, use 2507

2511 Compression

For Compression with Key Letter K, use 2595 or 2596

2520 Dislocation, Otherwise unclassified

For Dislocation, articular cartilage, knee, use 2519
For Dislocation, chronic, recurrent, use, 2570
For Dislocation, compound, use 2582

2531 Fracture Simple

For Fracture, tooth, use 2513

2541 Hemorrhage Traumatic

For Hemorrhage Traumatic Into Eyeball, use 2538
For Hemorrhage Traumatic Into Joint, use 2539
For Hemorrhage Traumatic Under Conjunctiva, use 2540

Notes and Corrections:

[illegible]

Diagnoses with "XY" designation

The Nomenclature consists of a limited number of fixed titles. Because of this limitation of titles, some disabilities occur which do not fit exactly into the given code titles. To provide for flexibility in reporting, each diagnosis class is provided with a so-called "xy" title. In using these titles it is only necessary to select the proper diagnosis class without specifying the last two digits of the code. When an "xy" diagnosis number is used, any medical term may be used under "Diagnosis Title" to designate the disability.

When an "xy" code is given, every effort should be made to assign the disability to a more specific title. The following steps should be taken:

- (a) Check the given diagnostic title alphabetically to determine if a specific code number is given for the title. Frequently a condition will be reported erroneously as "xy" when a definite, correct and specific code number exists but was overlooked.
- (b) If no specific code number is given for the "xy" title, look for the title in the "XY Diagnosis Index". This index will be set up on flexo-line stands and will be available to all editors.
- (c) Prior to setting up of the "XY Diagnosis Index", or if the term cannot be found in the Index, code the class number and '99'. That is, code 12xy as 1299. Contrary to previous practice, use 99 for xy in class 25 as well. The code which was previously used for xy's in this class, namely 2589, is to be used only for Injuries, type unknown. Code 2599 is for injuries, type known but not otherwise coded.

Special Diagnostic Classifications

For tabulation purposes, certain diagnoses are to be coded into finer groups than given in the nomenclature. Other diagnoses are to show supplemental or related data. Diagnoses which require special classification, with instructions for each, are given in the following list:

Special Diagnostic Classification Code1330 Food Infection

1340	Food infection	-	Meat
1341	"	"	- Fish
1342	"	"	- Fowl
1343	"	"	- Vegetable
1344	"	"	- Fruit
1345	"	"	- Pastry
1346	"	"	- Dairy products
1349	"	"	- Food not stated

1331 Food Intoxication

1350	"	"	- Meat
1351	"	"	- Fish
1352	"	"	- Fowl
1353	"	"	- Vegetable
1354	"	"	- Fruit
1355	"	"	- Pastry
1356	"	"	- Dairy products
1359	"	"	- Food not stated

1332 Food Poisoning, Bacterial

1360	"	"	- Meat
1361	"	"	- Fish
1362	"	"	- Fowl

1332 Food Poisoning, Bacterial (cont.)

- 1363 Food Poisoning - Vegetable
- 1364 " " - Fruit
- 1365 " " - Pastry
- 1366 " " - Dairy products
- 1369 " " - Food not stated

1501-1527 Psychosis with other Disabilities

Use diagnosis number of disability in ACD Diagnosis Number box on line 10, and circle.

1900 Acne

- 1980 Acne - Vulgaris
- 1981 Acne - include all but Vulgaris

1916 Dermatitis Venenata

- 1990 Dermatitis Venenata - Rhus Toxicodendron
- 1991 Dermatitis Venenata - include all but Rhus Toxicodendron

2009 Hernia, Recurrent, after Operation

Use diagnosis number for type in ACD Diagnosis number box on line 10, and circle.

2013 Hernia, Strangulated

Use diagnosis number for type in ACD Diagnosis number box on line 10 and circle.

2111 Anti-inoculation

Use diagnosis number for disease in ACD Diagnosis number box on line 10, and circle.

2143 No Disease

- 2182 No disease - communicable disease contact
- 2183 No disease - observation for aptitude
 - maladjustment to Naval service
 - temperamentally unfit for Naval service
- 2184 No disease - observation other than mental
 - penicillin observation
 - spinal puncture
 - surgical operation
- 2185 No disease - convalescent leave
- 2186 No disease - no longer adapted to Naval service
- 2187 No disease - survivor
- 2188 No disease - dental prosthesis
- 2189 No disease - awaiting orders
 - rations
 - underage
 - overage

2166 Allergy, Otherwise unclassified

Use diagnosis number in ACD Diagnosis number box on line 10 for
Dermatitis - Edema - Gastro-enteritis - Rhinitis
Do not code other manifestations

2306 Cyst, Retention

- 2366 Cyst, Retention - Sebaceous
- 2367 Cyst, Retention - include all but sebaceous

2590 Killed or died while prisoner of war

Use diagnosis number in ACD Diagnosis number box on line 10, and circle

2604 Poisoning, Therapeutic, Acute

Use diagnosis number for disability treated in ACD diagnosis number box on line 10 and circle

2605 Poisoning, Therapeutic, Chronic

Use diagnosis number for disability treated in ACD diagnosis number box on line 10 and circle

2606 Poisoning, Venom

- 2610 Poisoning, venom - Fish
- 2611 Poisoning, venom - Insect
- 2612 Poisoning, venom - Reptile
- 2619 Poisoning, venom - If unknown

2608 Poisoning, Prophylactic or suppressive

Use diagnosis number for purpose in ACD diagnosis number box on line 10 and circle.

Special Rules for Editing Diagnoses:

1. There are three titles and codes for undetermined diagnoses, i.e., 2122, Diagnosis Undetermined for diseases; 2518, Diagnosis Undetermined for injuries; and 2600, Diagnosis Undetermined for poisonings. These diagnoses are used whenever it is believed that the correct diagnosis cannot be established at the time. These titles cannot be used as permanent diagnoses and the correct diagnosis must be established before the person is finally released from the sick list. In editing, "Diagnosis Undetermined" can be used only for method of disposition (---) Continued or (R) Ran. Diagnosis Undetermined codes cannot be used with final disposition (D), Duty; (DD) Died; or (IS) Invalidated.
2. Diagnosis may be reported as intercurrent whereas due to known incubation period they are seen to be concurrent. Since both intercurrent and concurrent diseases are edited as "taken up" AD (additional diagnoses) previous procedures may be disregarded except that the disease should be allocated to the proper station.
3. Any diagnosis that is clearly the result of another diagnosis for which the patient has been previously admitted to the sick list is made an ACD. For example: a man is admitted to the sick list with Scarlet Fever, and changed intercurrent to Mastoiditis, acute. The Mastoiditis, acute, is made an ACD (in taken up box) of Scarlet Fever, and the change of diagnosis is made complication. Also the number for Scarlet Fever (814) is put in the ACD box on line 10. See special instructions for ACD diagnoses under Item 19.
4. Symptomatic diseases should, if possible, be established to the primary cause or the symptomatic diagnosis. For example: headache and malaris with a concurrent change, should be edited as all malaria and not headache and malaria.
5. If the diagnosis is acute catarrhal fever (common cold) and the card states (Line 6) that this was previously taken up 3 days or less previously, then an admission "A" is edited to "RA", but if it states that the acute catarrhal fever was taken up more than 3 days previously, then an admission "RA" is edited to "A".

Item 8. Anatomic Location

Certain diagnoses call for a statement of location or anatomic part affected by the disability. The diagnosis code is not complete without the code for the given part. The anatomic location is coded by use of the Anatomic Location Code provided each clerk. This code consists of a Statistical Classification and an Alphabetical Index. Most specific locations can be coded by direct reference to the Index, but the proper coding of general, unspecified, multiple and non-specific location requires a thorough knowledge of the Statistical Classification.

In using the Classification and Index for coding, it is essential that every part or location be classified to the most specific number possible in the code. This will require that each diagnosis be studied and understood, and that the relation of the diagnosis to the bodily parts be considered. If the location is reported as a specific part, such part will probably be found in the Index. This does not mean, however, that the code given is necessarily the correct code, since the diagnosis may indicate a more specific location within the part named. For instance, a diagnosis might be reported "2531, Fracture, simple, leg." In the location index, "leg, unspecified" is coded 893, but the use of this code would be incorrect since from the diagnosis "Fracture, simple" it is known that a bone is involved. It is not possible to know which bone of the leg is involved, so the correct code is 840 (bones of lower extremity, general, other, unspecified, multiple.) Similarly, the part "leg" might be coded 850 if the diagnosis were arthritis; 862 if the diagnosis were myositis; 875 if the diagnosis were varicose veins; 880 if the diagnosis were neuritis; or 893 if the diagnosis were contusion.

Some diagnoses specify the part and therefore do not require a separate part code. For example, "375, Ulcer, Stomach" is a diagnosis in which the part is included in the diagnosis title. Such diagnoses require no separate part code. The diagnosis "2564 Wounds Multiple" and "1700 Abscess, Brain" are other examples of complete diagnoses requiring no part code.

At times it may be necessary to change the diagnosis code on the basis of the anatomic information. For example, the reporting official may erroneously use the diagnosis "2157, Ulcer, otherwise unclassified, State location" to report ulcer of the stomach. It would be incorrect for the editor to code this as "2157, Ulcer, Stomach, part code 500". The diagnosis should be changed to "375, Ulcer, Stomach", and no separate part code is required.

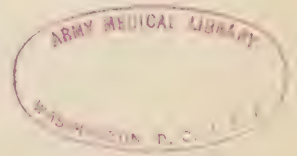
The first digit of the code specifies the region of the body affected and if nothing more than the region can be specified the second digit is 9. The second digit "9" is also used for multiple disabilities of a single region indicated by the first digit. Multiple disabilities of more than one region are in the 990 category. It should be noted that in the code, no distinction is made between right and left, and for example, a contusion of both arms would be coded under the multiple category of Upper Extremity (390) rather than (990). A contusion of an arm and leg would be an injury of two regions and be coded under 990.

The following list shows the diagnoses which require an anatomic location code:

201. Aneurysm, Varicose. State artery
202. Aneurysm, Otherwise unclassified. State artery
203. Aneurysmal Varix. State artery
223. Embolism, Otherwise unclassified. State location
Not to include Embolism, Air, from Submarine Escape
Appliance, 2575, or Embolism, Air, 2578
224. Enteritis. State location
232. Phlebitis. State location
239. Thrombosis. State vessel
249. Varicose Veins. State location
251. Thrombo-angiitis Obliterans. State location
252. Arteriosclerosis, Local. State artery
261. Ulcer, Varicose. State location
749. Calculus, Urinary system. State location

- 1146. Tuberculosis, Otherwise unclassified. St. location
- 1216. Gonococcus Infection, Otherwise unclassified. State location
- 1300. Abscess, Otherwise unclassified. State location.
- 1301. Gas Bacillus Infection. State location
- 1304. Carbuncle. State location
- 1305. Cellulitis. State location
- 1310. Focal Infection. State location
- 1312. Furuncle. State location. The word "multiple" may be used
numerous locations
- 1314. Gangrene, Infective. State location
- 1403. Lymphadenitis. State location. Not to include Bubo,
Inguinal, Nonvenereal (1400)
- 1404. Lymphangiectasis. State location.
- 1405. Lymphangitis. State location
- 1407. Abscess, Lymph Gland. State location
- 1600. Spur, bone. State bone or joint
- 1601. Ankylosis. State joint
- 1602. Arthritis, Acute. State joint
- 1603. Arthritis Deformans. State joint
- 1604. Bursitis, Acute. State location
- 1606. Chondritis. State location
- 1608. Contracture. State location
- 1611. Cramp, Muscle. State muscle
- 1615. Joint, Internal Derangement of. State joint
- 1617. Ganglion, Tendon Sheath. State location
- 1624. Hernia, muscle, fascia, tendon, or sheath. State location
- 1625. Hypertrophy, Bone. State location.
- 1627. Loose Body in Joint. State joint
- 1628. Loss of Substance of bone or cartilage. State location
- 1631. Myositis, Acute. State location
- 1633. Myositis, Traumatic, Ossifying. State location
- 1639. Osteomyelitis. State location
- 1640. Paralysis, Muscle, Ischemic. State muscle
- 1641. Perichondritis. State location
- 1642. Periostitis, Acute. State bone. Not to include Periostitis,
Traumatic (2546)
- 1645. Synovitis, Acute, Non-suppurative. State articulation. Not
to include Synovitis, Traumatic (2557)
- 1647. Tenosynovitis, Acute. State location
- 1649. Tenosynovitis, Chronic. State location
- 1651. Arthritis, Chronic. State joint
- 1652. Bursitis, Chronic. State location
- 1653. Epiphysitis. State location
- 1654. Myositis, Chronic. State location
- 1658. Periostitis, Chronic. State bone. Not to include Periostitis,
Traumatic (2546)
- 1659. Synovitis, Chronic, Non-suppurative. State articulation. Not
to include Synovitis, Traumatic (2557)
- 1660. Synovitis, Suppurative. State articulation. Not to include
Synovitis Traumatic (2557)
- 1663. Abscess, Joint. State joint
- 1742. Neuritis. State nerve.
- 1751. Paralysis, Otherwise unclassified. State nerve
- 1900. Acne. State variety and location
- 1910. Cicatrix, Skin. State location
- 1939. Keloid. State location
- 1958. Pruritus. State location
- 1966. Ulcer, Skin. State location
- 2100. Absence Acquired. State organ or part. Not to include
Amputation Traumatic (2572)
- 2101. Absence, Congenital. State organ or part
- 2102. Accessory. State organ or part
- 2103. Polypus. Otherwise unclassified. State location

2104. Adhesions. State location
2108. Amyloid Disease. State location
2112. Atony. State organ or part
2113. Atresia, Acquired. State location
2114. Atrophy. State organ or part
2116. Calculus. Otherwise unclassified. State location
2118. Concretion. State location
2120. Deformity, Acquired. State location
2123. Diverticulum. State location
2125. Fistula. Otherwise unclassified. State location
2126. Hydrocele. Otherwise unclassified. State location
2127. Gangrene. Otherwise unclassified. State cause (if known),
and location
2133. Hemorrhage. Otherwise unclassified. State location. Not
to include Hemorrhage, traumatic, (2538, 2539, 2540, 2541)
2134. Hematocele. Otherwise unclassified. State location. Not
to include Hematocele Traumatic, Tunica Vaginalis (2536)
2135. Infarction. State location
2138. Deformity, Congenital. State organ or part
2142. Necrosis. State location
2146. Ossification. State location
2149. Rupture, Nontraumatic. State organ or part
2154. Sinus. State location
2156. Torsion, Nontraumatic. State location
2157. Ulcer. Otherwise unclassified. State location
2164. Foreign Body, Nontraumatic. State nature and location. Not
to include Foreign Body, Traumatic (2528)
2200. Abscess, Amebic. State location
2201. Actinomycosis. State location
2207. Cysticercosis. State location
2212. Fungus Infection Skin. Otherwise unclassified. State
location. To include trichophytosis and epidermophytosis
2222. Pediculosis. State location
2300. Adenoma. State location
2301. Hemangioma. State location. Not to include Nevus (2341)
2302. Carcinoma. Otherwise unclassified. State histologic type (if
known) and location. To include all malignant epithelial
tumors not otherwise classified.
2303. Chondroma. State location
2305. Cyst. Otherwise unclassified. State type and location
2306. Cyst, Retention. State type and location
2307. Xanthoma. State location
2308. Endothelioma. State location
2310. Epithelioma. State histologic type (if known) and location
2311. Fibroma. State location
2312. Glioma. State histologic type (if known) and location
2313. Hematoma, Nontraumatic. State location. Not to include
Hematoma, Traumatic (2537) or Hematoma, Subdural, Chronic
Traumatic (2566)
2316. Lipoma. State location
2317. Lymphangioma. State location
2318. Lymphoma. State location. Not to include Lymphosarcoma (2337)
2320. Myoma. State location
2321. Myxoma. State location
2322. Neuroma. State location
2325. Osteoma. State location
2326. Papilloma. State location
2327. Sarcoma. Otherwise unclassified. State histologic type (if
known) and location. To include all malignant tumors of
connective tissue origin not otherwise classified
2328. Teratoma. State location. Report dermoid cyst or pilonidal
cyst as Teratoma (2334 or 2335)



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2329. Tumor, Mixed, Benign. State location
2330. Tumor, Mixed, Malignant. State location
2331. Tumor, Mixed, Activity Unknown. State location
2333. Adenocarcinoma. State location
2334. Cyst, Teratoma, Inflamed. State location. To include Pilonidal cyst, dermoid cyst, etc.
2335. Cyst, Teratoma, Quiescent. State location. To include Pilonidal cyst, dermoid cyst, etc.
2336. Fibroadenoma. State location. To include gynecomastia (state location as male breast)
2337. Lymphosarcoma. State location
2338. Melanoma. State location
2340. Neuroblastoma. State location
2341. Nevus. State location
2343. Telangiectasis. State location
2345. Osteochondroma. State location
2500. Abrasion. State location. The word "multiple" may be used for numerous locations
2502. Avulsion. State organ or part
2503. Bite. State location
2504. Burn, Chemical. State chemical and location
2505. Burn, Electricity. State location
2506. Burn, Radium. State location
2507. Burn, X-Ray. State location
2508. Burn, Otherwise unclassified. State location
2511. Compression. State organ or part
2512. Contusion. State location. The word "multiple" may be used for numerous locations
2514. Crush. State organ or part
2520. Dislocation. Otherwise unclassified. State articulation or part.
2523. Emphysema, Traumatic. State location
2524. Epilation, Traumatic. State location
2525. Epiphyseal Separation, Traumatic. State bone
2528. Foreign Body, Traumatic. State location
2529. Fracture, Compound. State bone or cartilage
2531. Fracture, Simple. State bone or cartilage
2532. Frostbite. State location
2537. Hematoma, Traumatic. State location
2539. Hemorrhage, Traumatic, into Joint. State joint
2541. Hemorrhage, Traumatic. Otherwise unclassified. State location.
2546. Periostitis, Traumatic. State bone.
2548. Rupture, Traumatic. State organ or part. Not to include Hernia Traumatic (2571)
2550. Sprain, Joint. State joint
2552. Strain, Muscular. State location
2555. Sunburn. State location
2557. Synovitis, Traumatic. State joint
2560. Torsion, Traumatic. State organ or part
2562. Wound, Incised. State location
2563. Wound, Lacerated. State location
2565. Wound, Punctured. State location
2568. Burn, Friction. State location
2570. Dislocation, Chronic, Recurrent. State articulation
2571. Hernia, Traumatic. State location
2572. Amputation, Traumatic. State part. Not to include surgical amputation: report as Absence, Acquired (2100)
2576. Wound Gunshot. State location
2577. Wound, Infected. State organism (if known) and location. Not to include Gas Bacillus Infection (1301)
2578. Embolism, Air. State location. Not to include Embolism, Air, from Submarine Escape Appliance (2575)
2579. Embolism, Fat. State location

2581. Union of Fracture, Faulty. (Mal-, delayed, fibrous, or non-union). State bone or cartilage
2582. Dislocation, Compound. State joint
2583. Burn, Ultraviolet. State location
2584. Wound, Fragment. State whether bomb or shell (if known) and location.
2595. Blast Concussion, Atmospheric. State location
2596. Blast Concussion, Water. State location

Notes and Corrections:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Item 9. Method of Taking Up

No coding is required for this item, but it must be edited with great care, and the proper symbol for method of "taking up" must be given in the proper box. The proper editing of the method of "taken up" is one of the most important functions of the editor since the correct tabulation of this item is essential for accurate determination of the Navy's morbidity rates. Fundamental changes have been made in the meaning of each method of "taking up" to be tabulated and the editor must understand thoroughly the new definitions, and how they differ from the previous ones. The use of some of the same symbols for 1944 and 1945 does not indicate that their meaning is identical. For example, A is now used to indicate a new patient with a new diagnosis, whereas formerly it could also mean merely a new diagnosis of a patient already on the sick list.

New methods of "taken up" are defined and illustrated in the revised 1945 edition of the Manual of the Medical Department. These definitions must be studied.

During 1945, some cards will be received taken up by the old symbols, (A) admitted; (RA) readmitted; ("---") remaining; (ACD) admitted contributory disability (denoting a complication or sequela). Cards will also be received taken up by the new symbols, A (new admission), RA (readmission), ACD (admitted contributory disability), FT (received from transfer), EC (diagnosis established or corrected), AD (additional diagnosis), ES (former status) and "----" (remaining).

The responsibility of the editor will be to convert the old or new method of "taken up" as stated to one of the symbols to be tabulated. Every Type 6 or Type 7 card must show the proper one of the symbols shown below.

Methods of "taken up" to be tabulated

A	New admission
RA	Readmission
ACD	Admitted contributory disability (complication or sequela)
AD	Additional diagnosis
"---"	Remaining
EPTE	A new admission (A) for a disability considered to have existed prior to entrance into the naval service.

If the correct symbol is already shown on the card, no writing is required. If the correct symbol is not shown, write it legibly in the proper space.

Type 1 cards will already show the symbol, A, RA, ACD, or "----". Each of these symbols will be edited as follows:

If Type 1 card shows (A) - leave as A unless determined to be EPTE as outlined below. If EPTE edit EPTE.

If Type 1 card shows RA - leave as RA unless determined to be EPTE as outlined below. If EPTE and if found to be the first admission for this disease, edit to EPTE. If EPTE, but found to be previously taken up for this disease, then leave symbol RA. In other words, a case is to be edited EPTE only for the first admission to the sick list for that disease. Subsequent admissions are considered true RA (readmissions.)

If Type 1 card shows ACD - leave as ACD

If Type 1 cards shows "----" - leave as "----"

The editing of Type 2, 3 and 4 cards will involve several additional factors. Each matched set consists of a Type 2 and 4 card, or of a Type 2, one or more Type 3 cards and a Type 4 card. In each case, the Type 2 card will be selected to be edited into a Type 6 card, and in many cases one or more Type 3 or 4 cards will be converted into Type 6 cards.

It should be noted that each Type 2 card, (in the same manner as a Type 1 card), represents the entrance or admission of a patient to the sick list. For this reason, editing instructions above for Type 1 cards apply without change to methods of taking up on Type 2 cards.

Type 3 and 4 cards, however; do not represent admissions to the sick list, but merely changes of diagnosis, transfers, and other changes of status while already on the sick list. Whenever a Type 3 or 4 card represents a change of diagnosis by reason of concurrent or intercurrent disease (the term "recurrent" is no longer used), it is converted to a Type 6 card and the method of taken up is edited as AD (additional diagnosis). Heretofore, an intercurrent or concurrent diagnosis was edited A or RA but these terms are now used only to indicate admission to the sick list and not change of status while on the sick list. Whenever a Type 3 or 4 card represents a change of diagnosis by reason of complication or sequela, the card with the complication or sequela given on line 4 is converted to a Type 6 card and the method of taken up is edited ACD.

Methods of taken up FT, EC, and FS are not to be tabulated and data given on such cards serves merely to complete or correct the case record. Note that persons returning from sick or convalescent leave are taken up FT.

Determination of EPTE (Existed Prior to Entry in Service)

From the standpoint of preventive medicine it is important to know how many of the disabilities among naval personnel originated while in the Navy service, and how many existed prior to entry in the service. From the standpoint of curative medicine this distinction is of lesser importance since facilities for treatment must be provided in either case. Tabulations must be designed to serve both interests.

In general, a disease will be considered EPTE if "yes" is written in this box of the Fa card. However, the information given for EPTE may be edited in accordance with the following rules:

1. The following diagnoses are always EPTE
 106. Hemophilia
 220. Heart disease, congenital. State type.
 413. Persistent Thymus gland
 733. Redundant prepuce
 750. Cryptorchidism
 761. Hypospadias
 1573. Emuresis
 1646. Talipes
 1901. Albinism
 2101. Absence, congenital. State organ or part.
 2102. Accessory. State organ or part.
 2138. Deformity congenital. State organ or part.
 2183. No Disease, Observation for aptitude
 2334. Cyst Teratoma, Inflamed. State location.
To include pilonidal cyst, dermoid cyst, etc.
 2335. Cyst Teratoma, Quiescent. State location.
To include pilonidal cyst, dermoid cyst, etc.
2. Certain diseases, if chronic, are considered as EPTE if length of service is 3 months or less. Examples of such diseases are:
 378. Appendicitis, chronic
 540. Tonsillitis, chronic
 755. Prostatitis, chronic
3. Acute diagnoses are not EPTE unless length of service is only a few days.
4. Injuries, whether factor is within or not within command are not EPTE.
5. If EPTE box is blank, or if undetermined or unknown, edit as not EPTE.

It should be emphasized that EPTE is edited as a method of "taken up" only if the diagnosis is determined to be EPTE by the above rules and only if the method of taken up as stated on the card is A.

Intercurrent or concurrent diseases are coded AD (additional diagnosis) even though EPTE may be stated as "yes".

Complications and sequelae are coded ACD (admitted contributory disability) even though EPTE may be stated as "yes".

Item 10. Date of Taking Up

The date of taking up requires no coding, but must be edited and corrected under certain circumstances. In most instances, the date of taking up to be used for tabulation from the Type 6 and Type 7 cards is the date stated on the first card for each separate diagnosis. For cards taken up as "---" (remaining), the date of taking up is edited to 1 January of current year. Similar adjustments must be made in certain other instances. For example, a patient may be transferred during the last part of December from a ship or station outside the U. S., and does not reach the hospital or station within the U. S. until sometime after 1 January; the date for taking up is made 1 January, as the intervening time was spent in travel, and the man was still carried on the sick list.

In case of doubt as to the date of taking up, consult the supervisor. Some date must be stated on every Type 6 or Type 7 card.

Item 11. Method of Disposition

No coding is required for this item, but it must be edited with great care. Important indices such as the Navy's death rate and the Navy's rate of invaliding from the service depend upon the proper tabulation of the method of disposition.

No changes have been made in the symbols or in the meaning of the symbols for method of disposition. Cards will be received with the same symbols as previously.

As received, Type 1 cards may have any of these symbols for method of disposition: D, DD, IS, RAN or "---". In editing a Type 1 card into a Type 7 card, no change need be made in these designations unless positive evidence on the card indicates that the symbol is incorrect. A Type 7 card cannot have the disposition C or T.

In editing a matched set of Type 2, 3 and 4 cards, a Type 6 card is edited for each diagnosis. The method of disposition on each of these Type 6 cards will be one of the symbols: D, DD, IS, RAN or "---", or C, but the symbol T must not appear on any Type 6 card. One and only one Type 6 card of each matched set must show a final disposition (D, DD, IS, RAN or "---"), to show that the person has been discharged from the sick list (at least for that year) and the set is complete. Other Type 6 cards for the case must show a disposition of C.

In editing method of disposition it should be noted that Diagnosis Undetermined, (2122, 2518, 2600) cannot be disposed of as D, DD, IS. If such a disposition is given, and it is evident that the patient has been actually discharged, then the diagnosis must be edited according to instructions. Diagnosis Undetermined may be accepted for methods of disposition C, "---", or R (Ran).

Item 12. Sick Days

Sick days are computed according to rules given below and the number legibly written in the designated space.

The total number of sick days are computed from the time a man is admitted to the sick list until he is sent back to duty, is invalided from service, dies, or diagnosis is changed, or whose case is closed out for the year by "---". Each separate diagnosis must have only that number of sick days reported for which the patient is on the sick list with that particular diagnosis. For example: A man comes on the sick list with Rheumatic Fever for 29 days, then he contracts Measles; recovering after 10 days, he again is carried on the sick list with Rheumatic Fever for 15 days more. All the days for Rheumatic Fever must be recorded on one card, adding 29 and 15, making a total of 44 sick days for Rheumatic Fever, and 10 days on Measles card.

The following rules are to be observed in computing sick days:

1. Sick days are assigned to each diagnosis. The sum of the sick days for each Type 6 card of a multiple card case must equal the total number of sick days for the case.
2. In computing sick days, the date of admission to the sick list is not counted, being considered a day of duty, and the day of disposition is counted as a sick day. However, no sick days are counted if taken up and disposed of on the same day. An exception to this is for cases taken up as "---" (remaining). For remaining cases, the date of taken up (i.e., 1 January) is always considered a sick day.
3. Sick days are counted whether the patient is being treated in quarters, or in a sick bay, dispensary or hospital.
4. Sick days are counted for "convalescent leave" and "sick leave" whether the man is away from the medical activity or not.
5. Patients transferred to an army hospital will be given sick days for the period within the army hospital, but such days will not be counted as hospital days (Item 13).
6. In all eastward crossings of the international date line, one day is added to the number of sick days if computed from dates of taking up and disposition. One sick day is subtracted for westward crossings. However if the card is correctly prepared in the field, this adjustment will be already made in the number of sick days stated.
7. All travel time or other intervals of time used in transfer from one station to another, while on the sick list, are counted as sick days. Such time must be added to the total sick days unless already included.
8. Sick days will include time spent in hospitals.

Item 13. Hospital Days

The number of hospital sick days for each diagnosis is computed and entered in the designated space. If no hospital time is involved, no entry need be written for this item. Hospital days must be coded as 3 digits, e. g., write 21 days as 021.

Hospital days should be computed to include only time actually spent in Naval Hospitals. The following rules will apply:

1. Hospital days should include time spent in all types of Navy hospitals, viz. U. S. Naval Hospitals, Convalescent Hospitals, Fleet Hospitals, Base Hospitals, and Hospital Ships. This rule is more inclusive than that used for 1944.

2. Time spent in certain institutions giving hospital care to Navy personnel is excluded from Hospital days. Time in the following institutions is excluded:

1. US Public Health Service Hospitals
2. Army Hospitals
3. St. Elizabeth's Hospital

4. Fitzsimmons General Hospital
5. Civilian Hospitals
6. Hospitals of foreign countries (military or civilian)

3. Travel time, while on the sick list, will not be included in hospital days, even if the travel is between hospitals.

4. Hospital days will never be greater than sick days since sick days is the total sick time for any diagnosis including hospital and non-hospital time.

5. Hospital days are assigned to each diagnosis for which the person was in the hospital for more than 24 hours. The sum of Hospital days for each Type 6 card of a multiple card case must equal the total number of hospital days for the case.

6. Hospital days are not counted if the patient is at home or away from the hospital.

7. Hospital days are not counted for convalescent or sick leave time.

8. The day of admission to a hospital is not counted as a hospital day unless the card is taken up as "—" (remaining).

9. The day of disposition is counted as a hospital day.

10. No hospital days are counted for a patient taken up for any diagnosis and disposed of on the same day unless taken up as "—" (remaining).

11. On Type 1 cards, if there are any hospital days, they will always equal the number of sick days.

Item 14. Key Letter

Key letters are code symbols used to indicate the nature of violence for certain diagnoses. They are used in all diagnoses of Class XXV, and for cases of poisoning, Class XXVI, when there is suicidal or homicidal intent, (or when the poisoning is due to action against an organized enemy). If the key letter is properly entered by the reporting station, no editing or coding of this item is required. Key letter will be coded and punched directly by the Fp card punchers.

The editor, however, must check that key letters are correct according to the key letter classification following:

- A. Suicide and suicidal attempt.
- B. Homicide and homicidal attempt. To include justifiable, excusable, or felonious homicide; murder and manslaughter.
- C. Conflagration. To include all traumatism resulting from general conflagration. Explosions as a result of general conflagration are classed hereunder. Report war casualties under key letter K.
- D. Drowning, accidental, not otherwise classifiable. Report war casualties under key letter K.
- E. Traumatism by firearms, accidental, when fired only. To include all injuries and burns caused by the projectile, shrapnel, the blast from great guns, explosion of a great gun, machine gun, rifle, pistol, and shotgun, or traumatism from any of these agents during firing. Exclude injuries noted under key letter I. Report war casualties under key letter K.
- F. Traumatism by cutting and piercing instruments. To include all accidental traumatism by cutting and piercing instruments and glass. Exclude injuries noted under key letters H, I and O. Report war casualties under key letter K.

- G. Traumatism by fall. To include all traumatism due to falls of persons except those classified elsewhere. Not to include traumatism by falling objects, which are classed under "M".
- H. Traumatism by machines. To include all traumatism and burns resulting from the handling and operation of machinery, elevators, traveling cranes, engines, and boilers other than railways. Report war casualties under key letter K.
- I. Traumatism by aircraft. To include all traumatism, burns, falls caused by aircraft (both heavier-than-air and lighter-than-air). Report war casualties under key letter K.
- J. Traumatism, burns, sunburns, and falls due to athletics and recreative sports.
- K. War casualties. All casualties incurred during or as a result of action against an organized enemy.
- L. Burns (conflagration excepted). To include all burns and scalds by boiling liquids and steam, corrosive acids and substances, fire, gasoline, kerosene, petroleum, sunburn, and the effects of radium and X-ray. Include also burns and scalds as a result of explosion not elsewhere classified. Exclude friction burns which should be reported elsewhere as indicated, and sunburn due to athletics and recreative sports. Report war casualties under key letter K.
- M. Traumatism due to violence other than herein defined. Report war casualties under key letter K.
- N. Traumatism due to violence by assault without deadly weapon, fighting, maintaining order, resisting arrest, and skylarking. Key letter B will be used if injury results in death.
- O. Traumatism by railroads, railways, vehicles, etc. To include all traumatism, burns, and falls caused by railroads (electric and steam), electric railways, vehicles (automobile, motorcycle, motor truck, tractor, bicycle, carriage, and wagon.) Report war casualties under key letter K.

The above key letters are to be used for example, as follows:

WOUND GUNSHOT, head, key letter A showing that it was inflicted with suicidal intent, B that it was homicidal, or K that it was received in action: DROWNING, use key letter D unless due to destruction of a ship by fire - C, incident to action - K, the result of aviation - I, the result of an accidental fall overboard - G, suicidal - A, or homicidal - B.

The following special rules and decisions relate to assignment of key letters:

- (1) Combat fatigue, operational fatigue, or mental diseases originating in combat zones do not take a key letter "K" and should be corrected if received with this incorrect symbol.
- (2) If a key letter is required, but not given, and no information is given under Remarks, the key letter "M" is assigned unless on the merits of the case, it is evident that some other key letter should be used.

- (3) If there is doubt regarding the proper key letter, and it can be assigned to one of two possibilities, the proper letter is determined from the priority table below. The letters heading each column and row indicate possible key letters. Priority table is to be used only in cases of doubt. In general, the letter reported by the field will be selected.

Priority Table

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
A	A	B	A	A	A	A	A	A	A	A	K	A	A	A	A
B		B	B	B	B	B	B	B	B	B	K	B	B	B	B
C			C	C	C	C	C	C	I	C	K	C	C	C	C
D				D	E	F	D	H	I	J	K	L	D	B	O
E					E	E	E	E	I	E	K	E	E	N-B	E
F						F	F	H	I	F	K	F	F	N-B	O
G							G	H	I	J	K	L	G	N-B	O
H								H	I	J	K	H	H	N-B	O
I									I	I	K	K	K	N-B	I
J										J	K	J	J	N-B	O
K											K	K	K	K	K
L												L	L	N-B	O
M													M	N-B	O
N														N-B	N
O															O

Item 15. Specialty Letter

Specialty letters are code symbols used to identify certain classes of naval hazards and peculiar duties surrounding aeronautic, submarine and diving duty.

If the specialty letter is properly entered on the Type 6 or Type 7 card, no editing or coding of this item is required. The specialty letter will be coded and punched directly by the Fp card punchers. However, the editor must check that the specialty letters are correct according to the definitions below. Specialty letter should not be used indiscriminately for all persons attached to special duty, but only in cases of disability occurring under special conditions as defined below. A person attached to aeronautic, submarine or diving duty who is disabled when participating in work other than his specialty work, shall not have a specialty letter.

Specialty letters are:

(1) R. - Aeronautic duty for disabilities incident to actual flying. An aircraft accident is defined by the National Advisory Committee for Aeronautics as follows:

An aircraft accident is an occurrence which takes place while an aircraft is being operated as such and as a result of which a person or persons are injured or killed or the aircraft receives appreciable or marked damage through the forces of external contact or through fire.

For the purpose of analysis, an aircraft is considered as "being operated as such" from the time the pilot or passengers board the aircraft with the intention of flight, until such time as the pilot and passengers disembark from the aircraft upon completion of flight. (NACA Report No.576)

(2) S. - Submarine duty for disabilities incident to maneuvering of, accidents to or peculiar living conditions aboard submarines at sea.

(3) U. - Diving duty for disabilities incident to actual diving or other exposure to compressed air in training or research in diving, diving with suit, shallow-water helmet diving, diving bell, experimental or training diving tank, recompression chamber, submarine escape appliance, etc.

Item 16. Ship or Station

No coding by the editors is necessary for this item but the editor must determine that the station to which the disease or injury is being allocated is the correct station. Editors should be familiar with the station classification and rules explained on page 11 to 18.

Type 7 cards are all allocated to the station given on line 11. Since this station allocation and coding is done for all Type 1 cards by the Classification and Allocation Unit, editors of these cards can accept the coding given.

Editors of matched sets of Type 2, 3 and 4 cards must determine that each Type 6 card, that is, the edited card for each separate diagnosis, is being allocated to the correct station. For each matched set, a Type 2 card will be edited into a Type 6, and in almost every case, this Type 2 card will have been previously coded for station by the Classification and Allocation Unit.

However, when Type 3 or 4 cards of a set are converted to Type 6, the station to which each Type 6 card should be assigned must be determined. If in any set, it is determined that an intermediate Type 6 is to be allocated to the same station as the first card of the set (Type 2), then the editor may copy the station code from the Type 2 card into its proper place on the Type 6 card. If an intermediate Type 6 card is not to be allocated to the same station as the initial card, then the name and designation of the correct station must be indicated in spaces 11 and 12 of the card. These cards will be later withdrawn by the Control Unit and coded by the Classification and Allocation Unit.

The following rules will determine the correct station allocation for Type 6 cards:

(1) The general principal in station allocation is that each diagnosis must be allocated to that station or ship to which the patient is attached, and in the complement or strength of which he is counted.

(2) When 2 stations are given on line 11, determine the one to which the patient is actually attached. For example, line 11 may state "USS Angler, for NCB 125". The patient is attached to NCB 125, so the editor cancels "USS Angler" and the proper station is left to be coded.

(3) If a person is admitted to the sick list of a ship or station while enroute to another, he is considered as attached to the unit to which he was going.

(4) Concurrent diseases and complications and sequelae (ACD) are allocated to the station to which the man is attached. This is usually the place where he was first admitted.

(5) Intercurrent diseases and convalescent leave are not charged back to the station where first taken up on the sick list, but are allocated to the station where the intercurrent disease or leave period originated.

(6) If it is impossible to determine the station to which the diagnosis should be allocated, indicate "unknown station". This will then be coded to a miscellaneous group.

(7) Since persons from one branch of the service may be assigned to stations primarily belonging to another, rank or rate should not be considered in station allocation.

Items 17 and 18 Causative Factor and Agent

Causative factor and agent are determined from information given on line 12 of the Fa card. Causative factor and agent are not to be coded by the regular coder. Cases requiring this code will be screened out by the control desk for special processing.

Formerly the codes were written in the form of an improper fraction ($\frac{9999}{9}$). However, since causative agent, a 4-column code, is punched first, it is more convenient to write that code first, followed by the 1-digit factor code, as 9999-9.

A causative factor and agent code must be assigned for every Type 6 and Type 7 card with a diagnosis in classes XXV and XXVI.

Causative factor code is determined from the first 3 items of information given as circumstances of occurrence for injuries and poisonings. The code is determined from the following classification.

Causative Factor Classification

Existed Prior to Entry

0. EPTE

Within Command

1. Work, Personnel responsible
2. Work, Material responsible
3. Work, Negligence not apparent
4. Not work, Personnel responsible
5. Not work, Material responsible
6. Not work, Negligence not apparent

Leave, liberty or absence

7. Intoxicated
8. Not intoxicated
9. Unknown or not stated

Causative agent code is determined from the fourth item of the information given as circumstances of occurrence for injuries and poisonings. Since no index is provided for this code, the editor must understand thoroughly the structure of the code classification. After reading all information on the case (diagnosis, Key letter, Specialty letter, etc.), the editor must decide, first, into which one of the following main groups the accident should be listed:

- 1,2. Aircraft
3. Special nautical hazards
4. General Naval and Military hazards
5. Industrial hazards
6. Transportation vehicles
7. Poisons
8. Physical exertions and amusements
9. Other and Miscellaneous

After classifying the accident to its general group, the subdivisions under this group given in the Classification below, should be studied in order to determine the most descriptive detailed class.

Causative Agent Classification1,2 - AircraftHeavier than airNature of accident (1st and 2nd digit)

- 11 (A) Collision in full flight with other aircraft
- 12 (B) Collision in full flight with objects other than aircraft
- 13 (C) Spins or stalls following engine failure
- 14 (D) Spins or stalls without engine failure
- 15 (E) Forced landings
- 16 (F) Landing accidents
- 17 (G) Take-off accidents
- 18 (H) Taxiing accidents
- 19 (I) Fires in the air
- 20 (J) Carrier, platform and arresting gear accidents
- 21 (K) Launching gear accidents
- 22 (N) Structural failure
- 23 (M) Aircraft accidents due to enemy action
- 24 (X) Miscellaneous
- 25 (Y) Undetermined

Cause of accident (3rd and 4th digits)Power Plant Failures

- 01 Fuel system
- 02 Cooling system
- 03 Ignition system
- 04 Lubrication system
- 05 Engine structure
- 06 Propeller and propeller accessories
- 07 Engine control system (throttle rod, etc.)
- 08 Miscellaneous
- 09 Undetermined

Structural Failures

- 10 Flight control system
- 11 Movable surfaces
- 12 Stabilizing surfaces, struts, wires and fittings
- 13 Wings; struts, wires and fittings
- 14 Landing gear; struts, wires, fittings, retracting mechanism
- 15 Wheels, tires and brakes
- 16 Seaplane float or hull; struts, wires and fittings.
- 17 Fuselage, engine mount, and fittings
- 18 Cowling, fairing and fittings
- 19 Tail-wheel assembly, and skid
- 20 Arresting appliances on aircraft
- 21 Miscellaneous
- 22 Undetermined

Other

- 30 Handling qualities
- 31 Instruments
- 32 Launching devices
- 33 Arresting devices
- 34 Weather
- 35 Darkness
- 36 Airport or terrain
- 37 Other
- 38 Undetermined

Other accidents peculiar to heavier than aircraft (all four digits)

2711 Parachute accidents

2811 Accidents other than those defined by N.A.C.A.

Lighter than air (all four digits)

2911 All accidents

3 - Special Nautical Hazards

3111 Anchor gear

3211 Boats - handling of other than machinery accidents in power boats

3212 Boats - small, capsizing or sinking of

3311 Diving - sea

3312 Diving - shallow water

3313 Diving - tank

3411 Falls, through cargo hatch or open hatch

3412 Falls, from elevations aboard ship - other than fireroom, engine room and machinery space

3413 Falls, overboard

3414 Falls, gangplank, on, from, etc.

3415 Falls, hatchway and ladder

3416 Falls, slipping on wet or oily decks aboard ship

3417 Falls, while getting in and out of small boats

3418 Fall from hammock

3419 Fall of hammock

3420 Falls against machinery or moving parts

3421 Falls, all others

3511 Gangplank, rigging, unrigging, or handling of

3512 Lines, cables, fenders, not used for power transmission

3513 Mooring and unmooring of ship

3611 Hatch cover

3612 Water-tight door

3711 Submarine - engines, machinery and batteries

3712 Submarine - sinking due to collision

3713 Submarine - sinking due to defective mechanism

3811 Storm or heavy weather at sea: or result of motion of ship due to storm or heavy weather at sea

3812 Washed overboard or thrown overboard by motion of ship

3911 Mess tables and benches, handling of

3912 Neptune initiations

3913 Jumped overboard ship

3914 Collision of ships

3915 Caught between ships, small boats or docks

3999 Other nautical hazards

4 - General Naval and Military Hazards

4011 Drill, great guns, gun crew, mechanism of gun

4012 Drill, great guns, gun crew, other than mechanism of gun

4013 Drill, anti-aircraft gun, gun crew, mechanism of gun

4014 Drill, infantry

4015 Drill, machine gun

4016 Drill, loading machine

4017 Drill, torpedo (to include torpedo tube)

4018 Drill, all other (miscellaneous naval)

4111 Target and battle practice, great gun, gun and turret crew, mechanism of gun

4112 Target and battle practice, great gun, gun and turret crew, other than mechanism of gun

4113 Target and battle practice, great gun, personnel other than gun and turret crew

4114 Target and battle practice, great gun, target repair and towing party

4115 Target and battle practice, anti-aircraft gun

- 4116 Target practice, firing of torpedo
- 4117 Target practice, small arms
- 4118 Target practice, artillery
- 4211 Handling of great guns, not otherwise classified
- 4212 Handling of mines
- 4213 Handling of rocket gun, bazooka, etc.
- 4214 Handling of torpedo (to include torpedo tube)
- 4215 Handling of K and Y guns
- 4216 Handling of anti-aircraft gun, gun crew, mechanism of gun
- 4217 Handling of small arms, mechanisms of small arms
- 4218 Turret accidents, not drills or target and battle practice
- 4219 Machinery for conveying explosives and projectiles to turrets and guns (powder hoist, scuttle and ammunition hoists, etc.)
- 4220 Handling of bombs, shells - removing detonators, etc.
- 4311 Explosion, great gun
- 4312 Explosion, anti-aircraft gun
- 4313 Explosion, land mines, booby traps, etc.
- 4314 Explosion, sea mines, depth charges
- 4315 Explosion, beach mines
- 4316 Explosion, rockets
- 4317 Explosion, robot bombs
- 4318 Explosion, bombs
- 4319 Explosion, shell
- 4320 Explosion, gun powder
- 4321 Explosion, aboard ship, cause unknown or other
- 4411 Bayonet
- 4412 Pistol
- 4413 Rifle
- 4414 Shot gun
- 4415 Machine gun
- 4416 Hand grenade
- 4417 Rifle grenade
- 4418 Shrapnel
- 4419 Gunpowder, ignition of
- 4511 Fire aboard ship
- 4611 Gas, attack by
- 4711 Amphibious landing equipment
- 4712 Amphibious landing operation; establishing beach head
- 4811 Sinking of ship from military or naval cause
- 4911 Other naval or military agent or hazard

5 - Industrial Hazards

Cranes and conveyors

- 5111 Blocks and Tackles (other than boat falls), windlasses, capstans, winches, (not anchor gear), cranes, cargo booms, and conveyors (not elevators)
- 5112 Boats, hoisting and lowering of by power transmission (include boat falls, davits and slings)
- 5113 Deck winches
- 5119 All other cranes and conveyors

Prime movers

- 5211 Power boat engines
- 5212 Catapult
- 5213 Engineering and contract (concrete mixer, pile driver, bulldozer, tractor, etc.)
- 5219 All other prime movers

Power-transmission apparatus

- 5311 Energizers
- 5312 Propellers not radio generator
- 5319 All other power transmission apparatus

Power working machines

Food group

- 5411 Bread cutter and meat slicer
- 5412 Choppers and grinders
- 5413 Ice making
- 5414 Vegetable peelers
- 5415 Bake shop machine, mixing machines
- 5419 All others in food group

Metal working

- 5421 Drills
- 5422 Emery wheels
- 5423 Lathe
- 5429 All others in metal working group

Wood working

- 5431 Jointer
- 5432 Planer
- 5433 Saws
- 5439 All others in wood working group

All other power working machines

- 5441 Dishwashing
- 5442 Laundry
- 5443 Printing and Bookbinding
- 5449 All other power working machines not listed

Not power working machines

- 5511 Chain falls
- 5512 Compressors and evaporators
- 5513 Fans and blowers
- 5514 Pumps
- 5515 Radio generators
- 5519 All other not power working machinery

Hand tools

- 5611 Flying particles set in motion by tool in hands of fellow worker
- 5612 Flying particles set in motion by tool in hands of injured worker
- 5613 In hands of injured worker
- 5614 In hands of fellow worker
- 5615 Portable power tools in hands of fellow worker
- 5616 Portable power tools in hands of injured worker

Steam and hot water equipment

- 5711 Boilers, escaping steam or hot water
- 5712 Boilers, all other
- 5721 Pipes, escaping steam or hot water
- 5722 Pipes, all other
- 5731 Gauges, explosion of
- 5741 Sterilizers
- 5799 All other steam and hot water equipment and causes

Explosions

Explosion of explosive substances

- 5811 Gasoline and other hydrocarbon products
- 5812 Illuminating gas
- 5819 All other explosions of explosive substances.

Ignition of explosive substances

- 5821 Gasoline, benzine, kerosene and other hydrocarbon products
- 5822 Alcohol, turpentine, waxes, resins and oils
- 5829 Ignition of all other explosive substances

Other explosions

- 5831 Ammonia apparatus
- 5832 Gasoline or acetylene torches
- 5839 All other explosions

All other industrial hazards

- 5911 Electricity
- 5912 Elevators and dumb waiters

6 - Transportation vehiclesRailroad

- 6111 Electric, while getting on or off
- 6112 Electric, run over by
- 6113 Electric, struck by
- 6119 Electric, all other
- 6121 Steam, while getting on or off
- 6122 Steam, run over by
- 6123 Steam, struck by
- 6129 Steam, all other

Motor vehicle

- 6211 Passenger auto and bus, collision without overturning
- 6212 Passenger auto and bus, overturning
- 6213 Passenger auto and bus, run over by
- 6214 Passenger auto and bus, struck by
- 6219 Passenger auto and bus, all other
- 6221 Truck, collision without overturning
- 6222 Truck, overturning
- 6223 Truck, run over by
- 6224 Truck, struck by
- 6229 Truck, all other
- 6231 Motor cycle, collision without overturning
- 6232 Motor cycle, overturning
- 6233 Motor cycle, run over by
- 6234 Motor cycle, struck by
- 6239 Motor cycle, all other
- 6241 All other motor vehicles, collision without overturning
- 6242 All other motor vehicles, overturning
- 6243 All other motor vehicles, run over by
- 6244 All other motor vehicles, struck by
- 6249 All other motor vehicle, all other

Non-power operated vehicles

- 6311 Bicycle
- 6312 Animal drawn
- 6319 All other non-power operated vehicles

7 - PoisonsNature of poisoning (1st and 2nd digits)

- 71 Handling
- 72 Inhaling
- 73 Injection
- 74 Swallowing

Kind of poison (3rd and 4th digits)

- 02 Alcohol - denatured and other industrial
- 03 Corrosive aromatics and acids
- 04 Caustic alkalies
- 05 Mercury compounds
- 06 Petroleum products
- 07 Carbon monoxide gas
- 08 Other air contaminants
- 09 Iodine and iodides
- 10 Morphine and related drugs
- 11 Barbiturates
- 12 Bromides
- 13 Other sedative, analgesic and anesthetic drugs
- 14 Arsenics and arsenicals
- 15 Digitalis and related drugs
- 16 Sulfonamides
- 17 Strychnine and related drugs
- 18 Other non-medical substances
- 19 Other medical substances
- 20 Dyes - all
- 21 Lead
- 30 Atabrine and quinine and plasmochin
- 40 War gas - not stated, handling of
- 41 War gas - asphyxiants, handling of
- 42 War gas - lacrimators, handling of
- 43 War gas - lung irritants, handling of
- 44 War gas - paralyzants, handling of
- 45 War gas - sternutators, handling of
- 46 War gas - vesicants, handling of
- 99 Poisons, unspecified and other

8 - Physical Exertions and Amusements

- 8111 Baseball
- 8112 Basketball
- 8113 Boxing
- 8114 Football
- 8115 Golf
- 8116 Handball
- 8117 Skating, ice
- 8118 Skating, roller
- 8119 Swimming
- 8120 Tennis
- 8121 Volley ball
- 8122 Wrestling
- 8211 Drill, gymnastic exercises
- 8311 Roller coaster and other mechanical amusement devices
- 8911 All other injuries due to physical exertion or amusements

9 - Miscellaneous

9011 General conflagration
9111 Hot substances and flames
9211 Strain from handling objects
9311 Animals, domestic
9319 Animals, all others
9411 Clothing - shoes
9419 Clothing - all other

Falling objects

9511 Not being handled by injured person, sharp or rough
9519 Not being handled by injured person, all other
9521 Handled by injured person, sharp or rough
9529 Handled by injured person, all other

Falls or near falls of persons

9611 Bunk
9612 From elevations ashore
9613 Into excavations, ditches
9619 All other falls from elevations
9621 Ice
9622 Wet or waxed floors
9624 Over fixed objects
9625 Over loose objects
9626 Steps or stairs
9627 Into water from docks, piers, sea walls
9629 All other falls on level

Cutting and piercing instruments

9711 Knife or razor
9712 Knife or instrument while preparing food stuffs
9719 All other cutting and piercing instruments

Conduct

9811 Assault without deadly weapon
9812 Fighting or brawling with civilian personnel
9813 Fighting or brawling with service personnel
9814 Maintaining order
9815 Resisting arrest, service patrol
9816 Resisting arrest, civilian authorities
9817 Skylarking

Other

9911 Stepping on glass or china
9912 Stepping on nails
9919 Stepping on all other
9921 Striking against - fellow worker
9922 Striking against - glass or china
9923 Striking against - nails
9929 Striking against - all other
9931 Elements - excessive cold
9932 Elements - excessive heat
9933 Elements - excessive light (glare)
9934 Elements - excessive sound
9935 Elements - excessive vibration
9936 Elements - sun
9939 Elements - all other
9941 Flying particles not otherwise classified
9942 Injury due to posture assumed
9951 Hanging
9961 Caught or jammed between - not striking against
9999 All other

Item 19. Primary Diagnosis for ACD

In the editing of cards with an ACD admission the two most important things to remember are: (a) the ACD admission is only supposed to be used when the second diagnosis is actually dependent upon the first; (b) the diagnosis taken up as ACD is the following diagnosis while that contained in the box on line 10 is the preceding diagnosis.

Hence, for every ACD admission it is first necessary to ask the question: "Is it possible for one of these diagnoses to be the direct or indirect consequence of the other?", and then to ask the question: "Is the diagnosis in line 10 the natural one to precede, and the diagnosis in line 4 the natural one to follow?"

If the answer to both of these questions is "yes", then the rest of the editing procedure on ACD cases consists merely of making sure that the diagnosis numbers agree with the stated diagnosis (the diagnosis number in line 10 is frequently incorrectly filled out in the field), and checking to see that the diagnosis in line 4 of the ACD card is the same as the diagnosis in line 9 of the preceding, or "change" card. (Note that ACD cards are frequently Type 1 cards for which there will be no "change" card.) The reason for change on line 9 of the "change" card must always be "complication" or "sequela" if the following card is to be taken up as ACD.

What is the difference between a "complication" and a "sequela?" The former term is generally used for diseases when the second disease is either a more serious or lasting form of the same infection. (Examples: "scarlet fever" followed by "otitis media"; "tonsillitis, acute" followed by "tonsillitis, chronic"), or a secondary invader permitted to gain headway owing to lowered resistance brought about by the first disease - (Example: "catarrhal fever, acute" followed by "bronchopneumonia") or the next step in a chain of related functional diseases (Example: "hypertensive heart disease" followed by "hemorrhage, cerebral"). The term "sequela" is generally used for a condition resulting from a disease or injury (Examples: "diabetes mellitus" followed by "gangrene"; "wound gunshot" followed by "absence acquired, leg").

Diseases may result from injuries (Example: "fracture, simple" followed by "osteomyelitis"), and more rarely injuries may result from diseases (Example: "dementia praecox" followed by "wound, lacerated, wrist" if suicidal).

The primary disease or disability may, or may not, be present at the time a man is taken up for the secondary disease or disability and the person must have been admitted to the sick list for the primary disability. For the methods of reporting required in these various cases, the Manual of the Medical Department (1945 revision) should be consulted and studied.

Since only new admission (A's) will be broken down into "EPTE" and not "EPTE", any "yes" in the first box on line 6 may be disregarded if the manner of admission is ACD.

If it is decided by the editor that the secondary diagnosis can not possibly be considered to be dependent upon the first, the general procedure will be to change the entry in the "on account of" box on line 9 of the "change" card to "intercurrent" or "concurrent", and alter the manner of admission on the next card from ACD to AD; however the exact treatment of the card will depend on the circumstances.

There are certain combinations of diagnoses which can not possibly occur as primary or as secondary diagnoses in an ACD case, and which, nevertheless are quite frequently returned from the field. It is difficult to make any general statements regarding such impossible combinations, and the editor should not adopt any generalization of this sort without its having been approved by the Medical Officer in charge of the Branch. The following rules, however, may be accepted as they are stated:

1. An acute communicable disease is very rarely a complication of a chronic disease. When such a combination is found on the Fa cards, consult the supervisor.

2. A venereal disease can never be a complication of a non-venereal disease. (It is possible, however, for a chronic non-venereal disease of the genito-urinary tract to follow as the result of an acute venereal disease).
3. Diagnosis titles which are merely symptoms, such as "incontinence, urine", "alkalosis", "atony", "glycosuria", "atrophy", and so forth, are seldom the forerunners of ACD diagnoses. When the combination appears, it should be carefully scrutinized to see if, in fact, the second diagnosis may not actually be the established diagnosis rather than a complication: (Example: "Glycosuria" followed by "diabetes mellitus"). The same rule applies to other titles which imply ignorance of the actual disability, such as "fever, cause undetermined", "diagnosis undetermined", "injuries, type unknown".
4. Certain diagnoses can only very rarely or never be complications or sequelae of another disease. When any of those in the list below appear as ACD diagnoses, they should be regarded with suspicion.

The following is only a partial list of those diagnoses which almost never could be complications or sequelae:

404 Diabetes Mellitus	1032 Malaria, Quartan
801 Catarrhal fever, acute	1033 Malaria, Mixed
802 Cerebrospinal fever, Meningococcic	1034 Malaria, Unspecified
803 Chickenpox	1035 Typhus, Endemic (flea-borne)
804 Diphtheria	(murine)
806 German Measles	1036 Typhus, Epidemic (louse-borne)
807 Glanders	(classical)
809 Measles	1037 Typhus, Scrub (mite borne),
810 Mumps	"Tsutsugamushi Disease"
813 Poliomyelitis, anterior, acute	1038 "Q" Fever, Boutonneuse Fever, Sao
815 Smallpox	Paulo Disease, South African
816 Whooping cough	Tick bite Fever, and other Rickett-
819 Encephalitis, lethargic	sial diseases
826 Pneumonia, primary atypical,	1221 Syphilis, early
etiology unknown	1222 Syphilis, latent; to include sero-
900 Cholera	positive only"
901 Dysentery, bacillary	1320 Rabies
903 Paratyphoid fever	1326 Undulant fever
904 Typhoid fever	1330 Food infection
1001 Dengue	1331 Food intoxication
1002 Filariasis	1332 Food poisoning, bacterial
1003 Leishmaniasis	2202 Amebiasis
1005 Sandfly fever	2209 Dysentery, amebic
1006 Plague	2212 Fungus infection, skin
1007 Relapsing fever	2213 Hookworm disease
1008 Rocky Mountain spotted fever,	2222 Pediculosis
(tick-borne)	2235 Teniasis (Tapeworm infection)
1013 Yellow fever	2236 Thrush
1014 Bartonellosis	2238 Trichinosis (Trichiniasis)
1030 Malaria, Benign Tertian	
1031 Malaria, Malignant Tertian	

All diagnoses in Class XXV and XXVI except 2509, 2513, 2518, 2523, 2528, 2536, 2537, 2538, 2539, 2540, 2541, 2546, 2557, 2558, 2561, 2566, 2567, 2570, 2577, 2578, 2579, 2581, 2602, 2603, 2604, 2605, 2608.

NOTE: Injuries and poisonings of any type may be found following a mental disease. Look for the Key letter "A".

The diagnosis "amputation traumatic" should never have an ACD admission while the diagnosis "absence, acquired" should never have anything else but an ACD for the first admission.

5. Certain diagnoses can very rarely or never be original diagnoses. When they do appear taken up as "A", there should be a note on line 12 explaining that there has been no previous admission for the primary disability which is not now present.

The following is a partial list of those diagnoses which almost always should be complications or sequelae:

305 Artificial anus
1211-1212-1213-1214-Conococcus infections, except of the
urethra and otherwise unclassified
2100 Absence acquired.
2523 Emphysema, traumatic
2581 Union of fracture, faulty

Notes and Corrections:

[illegible]

INSTRUCTIONS FOR Fa AND Fp PUNCHING

General Procedure

All persons in the Punching Sub-Unit must be familiar with the procedures contained in the punching section of this manual. Any operator may be called upon to work at the punching or verifying of Fa's (preliminary) or Fp's (final). The handling of rejects and corrections is also a matter of importance to all operators. The following remarks apply to everyone in the Punching Sub-Unit.

Operators will be assigned to a machine by the Supervisor at the beginning of the shift, and they should not change from any machine assigned to them without the Supervisor's knowledge. An operator should not leave her machine without seeing that cards or forms are weighted down. The tops of file cases should be kept clear of blank cards. There will be a place in the files for every type of blank card.

Cards received for punching or verifying should always be maintained in the same sequence as received. No figure or letter on an Fa card should ever be changed, except by the Supervisor. If there are figures or letters which are not entirely legible, consult the Supervisor. Tear edge of all incompletely punched Fp's and place them to one side of the machine. This is done to prevent these cards becoming mixed up with the correctly punched Fp's. Do not throw these away but turn them in to the Control desk at the completion of work.

When any machine trouble occurs, notify the Supervisor. Do not try to repair the machine yourself. If a card jams in a machine, exercise great care in removing it, since brushes may be damaged, tying up the machine for repairs. Remove all skip bars from the machine at the end of the shift, or when the type of work being done is changed by the Supervisor. Place the skip bars on the bar-holding board. If a skip bar falls into a machine while being removed, notify the Supervisor. When the machine is not in use, raise the duplicating bar and turn off the current.

Keep note of the time you change your type of work. Consult the Supervisor on all matters relating to procedure.

Punching Instructions for Fa Cards

All "Individual Statistical Report of Patient" Fa cards are received in the Classification and Allocation Unit of the Statistical Processing Section. This unit classifies the cards into 4 groups - Type 1's (single card cases), Type 2's (first cards in multiple card cases), Type 3's (intermediate cards in multiple card cases), and Type 4's (last cards in multiple card cases). Each of these groups is run through a machine which counts them into packages of 250 cards each, at the same time gang punching month of receipt into column 1 and card type into column 2. These packages will be separated by divider cards and placed in trays for transfer to the Tabulating Unit. Each type will be sent to the Machine Room separately, and they will be handled separately throughout the following procedure.

Serial number (i.e., alpha-numeric code for name) will be eliminated for 1945 work, and in its place partial alphabetic punching will be substituted on Fa preliminary punching. Therefore, no coding is necessary for preliminary punching.

Routing Procedure for Card Types 1, 2, 3 and 4.

1. When each type of cards is received from the main Control Desk, the Records Clerk will check cards received against control slip to make sure counts are correct, and then sight through column 2 to make sure types are not mixed.
2. The Records Clerk will release these cards to the punch room Control Desk Clerk, who will add another divider card to each one already in the trays.
3. The Control Desk Clerk will put the cards away in a file marked "To Punch Type ____".
4. Each punch operator on preliminary punching will be issued a package of 250 Fa's by the control Desk Clerk with 2 divider cards and 1 time card. A duplicate time card with the same block number is filed away to await the verifying of the package. Care must be taken to see that the time card issued is stamped or marked with the type number of the cards being punched.
5. The cards are then punched according to the instructions below. During punching, rejects and cards which the puncher finds she has mispunched are held out in separate piles. Upon finishing, the pack is returned to the control desk with one divider card in front, then all Fa's not known to be in error, then the second divider card, then all rejects found, and, finally, all cards the puncher finds she has mispunched. The puncher fills out the time card, recording her name, the date, the time spent, the number of rejects and the number of her own errors discovered and returns this card with the package. (Note: Cards that jam are treated just as if they were errors, except that they are counted as rejects on the time card).
6. The Control Desk Clerk checks the entries on the punching time card, finds the matching time card for verifying, and files the entire package just as it was returned, together with both time cards, in the file marked "To Verify, Type ____".
7. Each verifier operator on preliminary verifying will be issued by the Control Desk Clerk a package containing 250 Fa's, some of which will be errors and rejects. These will be at the back, separated by a divider card. There will also be issued the verifying part of the time card, while the time card on which the punching is recorded is filed away to await completion of verification.
8. The cards are then verified according to the instructions below. During verifying, rejects and cards found to be in error are held out in separate piles. Upon finishing, the verifier fills out the time card, recording her name, the date, the time spent, and the number of rejects and errors she may have discovered. She then places these rejects and errors with the group of cards behind the divider card in the package issued to her (see step 5 above) in such a way that all rejects will be together directly behind the divider card and all errors together behind the rejects. She then returns the package and the time card to the Control Desk.
9. The Control Desk Clerk checks the entries on the verifying time card, finds the matching time card and staples the two cards together, back to back. She then removes the rejects and errors from behind the divider card, counts them and substitutes in the pack an equal number of verified cards from a package of cards of the same type which is held on the control desk for the purpose (see below). The package turned in by the verifier is then placed in a file marked "To Zone Code, Type ____" with one divider card to each pack.
10. The Control Desk Clerk will need to have on her desk a full package of cards of each type, already verified and completely corrected. She will use this package for making substitutions as described in step 9. Cards withdrawn from these packs will be replaced by errors and rejects of the same card type. As the "substituting" pack gradually becomes filled with errors and rejects, the Control Desk Clerk takes another "substituting" pack, from among those that are ready to go to Zone Code Reproducing. When a "substituting" pack becomes completely filled with errors and rejects, the Control Desk Clerk turns it over to the Supervisor. The rejects should be separated from the errors by a divider card.
11. The Supervisor corrects all the rejects in this package of Fa's and turns the package over to the typist who retypes all the cards which were punched in error (or which jammed in the punch machine). The package is then returned to the Control Desk Clerk, who will keep it in a file marked "Corrections, Type ____".

12. The Correction Puncher will obtain her work from the file marked "Corrections, Type ____" and will repunch all cards in the package, both rejects and recopies. No verifying will be done on these cards. When finished, the package will be returned to the control desk where it will be placed in the file marked "To Zone Code, Type ____".

13. The Control Desk Clerk must take care that all trays going to Zone Code Reproducing are clearly marked and that the card types are not mixed.

Punching Instructions for Card Types 1, 2, 3 and 4.

1. Each punch operator on preliminary punching is issued an A45FA skip bar. This is the bar for punching "A field" on the Fa's. (The A field is the field from columns 64-77 in which the name is ordinarily punched and zone coded.)

2. After placing Fa's in the card stacker and inserting skip bar, the carriage automatically skips to column 64. Punch the first 4 letters only of the last name. The carriage automatically skips to column 72. Punch the first 2 letters only of the first given name. The carriage automatically skips to column 76. Punch the middle initial and the carriage automatically skips out.

EXAMPLES:

JONES, Edward Robert
WILLIAMS, Donald Alex
ARNOLD, Robert Tony

PUNCH:

JONE ED R
WILL DO A
ARNO RO T

Some last names may have only 3 letters. The operator must space once after last name in order to get an automatic skip to the next field.

EXAMPLES:

COX, Thomas Harold
LEE, Robert Edward

PUNCH:

COX (space) TH H
LEE (space) RO E

If any last names have only 2 letters, the operator must space twice before skip.

Spaces will not be allowed for broken names.

EXAMPLES:

MCDONALD, Donald James
Mac AFEE, Robert Roy
O'BRIEN, Joseph James
ST. CLAIR, Arthur B.
De PIETRO, Joseph Domenic

PUNCH:

McDO DO J
MacA RO R
OBRI JO J
StCL AR B
DePI JO D

Some cards come in with only initials for the first names. After punching an initial the operator must space in order to get an automatic skip to column 76 for the middle initial.

EXAMPLES:

BROWN, A. Albert
CAMPELL, R. J.
FOWLER, J. Robert
HARRISON, R. D.

PUNCH:

BROW A (space) A
CAMP R (space) J
FOWL J (space) R
HARR R (space) D

If puncher punches too many columns for any one of the 3 fields, the card must be correct - ed. Extreme care should be taken to develop a rhythm of punching preliminaries to reduce corrections to a minimum.

3. Instructions for handling errors and rejects and for filling out time cards are contained in the Routing Procedure above.

Verification Instructions for Card Types 1, 2, 3 and 4.

1. The verifiers go through the same steps as the punchers. Any cards not feeding through the verifier will be considered as correct. This does not mean that the operator can discontinue putting the cards into the best shape possible for feeding.

2. Instructions for handling errors and rejects and for filling out time cards are contained in the Routing Procedure above.

Instructions for Zone Code Punching

As needed, the supervisor of Zone Code Punching will pick up the "To Zone Code, Type ____" cards and take them to the reproducer for Zone Code Punching. Each type of card will be handled separately.

Each type of card will be run through the reproducer one package at a time reproducing zone codes. While one package is being run the next package must be carefully "flipped" to make sure all cards are right side up. As each package is finished it should be placed in a tray, with a divider card. If any cards jam, replacements may be obtained from a "substitute" package.

During the Zone Code punching the four types of Fa cards must be kept separate as they came from the Control Desk Clerk. This will save a sort in the tab room. When in doubt, sight check the cards on column 2.

When Zone Code Punching is complete for Type 1 cards, the supervisor will count the packages and notify the Records Clerk of release of those packages to the Production and Quality Control Sub-Unit. All divider cards will be left between packages.

When Zone Code Punching is complete for Type 2, 3 or 4 cards, each type will be filed separately waiting for pick-up by tab room. All divider cards will be left between packages. The Records Clerk must be notified of the number of packages of each type released to the matching files.

Punching Instructions for Fp Cards

Various changes have been made in the Fp card for this year and also in punching and verifying steps. In the past, all coding has been on the Fa card so that the puncher has only had to read and punch. Now certain items will be coded by the puncher by referring to a code sheet, which will be kept on each machine. The following items will be coded by the Editing and Coding Unit; and the codes written in boxes as shown in Figure 2 and below:

Rank or Rate in first 3 code blocks, line 4.
 Aviation in last code block, line 4.
 Anatomic Part in last 3 code blocks, line 7.
 Hospital sick days in last 3 code blocks, line 9.
 Station in last 3 code blocks, line 10 and all line 11.
 Injury cause and factor in upper right corner.

Some Fa's without code blocks will come in during the year. The only difference will be: (See Figure 3.)

- (a) Rank or Rate and Aviation coded within space for typing those items.
- (b) Part will be coded at the right end of space for diagnosis title.
- (c) Hospital sick days are written to right of sick days.
- (d) Station written on line 7 or 8.

Only partial name punching will be done as on Fa cards.

On all steps in the procedure any change in blue of items on the Fa card will take precedence over all other typing and writing.

Routing procedure for Card types 6 and 7.

1. When each type of cards is received from the main Control Desk, the Records Clerk will check cards received against control slip to make sure counts are correct and then flip through to make sure types are not mixed.
2. Records Clerk will release these cards to the punch room Control Desk Clerk who will add another divider card to each one already in the trays.
3. The Control Desk Clerk will put the cards away in a file marked "To Punch, Type ____".
4. Each punch operator on final punching will be issued a package of 250 Fa's by Control Desk Clerk with 2 divider cards and 1 time card. A duplicate time card with the same block number is filed away to await the verifying of the package. Care must be taken to see that the time card issued is stamped or marked with the type number of the cards being punched.
5. The cards are then punched according to the instructions below. During punching, rejects are held out in a separate pile. Upon finishing, the pack is returned to the control desk with one divider card in front, then all Fa's for which the Fp has been punched, then all Fp's in the reverse order from the Fa's, then the second divider card, and finally all rejects that may have been discovered. The puncher fills out the time card, recording her name, the date, the time spent, and the number of rejects discovered, and returns this card with the package. All incompletely punched Fp's should be torn on the edge and turned in to the control desk at the completion of work.
6. The Control Desk Clerk checks the entries on the punching time card, finds the matching time card for verifying, and files the entire package just as it was returned, together with both time cards, in the file marked "To Verify, Type ____".
7. Each verifier operator on final verifying will be issued by the Control Desk Clerk a package containing 250 Fa's and matching Fp's. A few of the Fa's will be rejects discovered by the puncher. These will be at the back separated by a divider card. There will also be issued the verifying part of the time card, while the time card on which the punching is recorded is filed away to await completion of verification.
8. The cards are then verified according to the instructions below. During verifying, rejects and cards found to be in error are held out in separate piles. Upon finishing, the verifier fills out the time card, recording her name the date, the time spent, and the number of rejects and errors she may have discovered. She then places the rejects and the Fa's that were in error with any other cards that may have been behind the divider card in the package issued to her (see step 5 above) in such a way that all the rejects will be together directly behind the divider card, and all Fa's that were in error will be together directly behind the rejects. All Fp's that were in error will be turned over to the Control Desk Clerk for destruction. (In filling out the time card "machine errors" will be entered in the proper place on the card, and "fill-ins" will be included with "operator errors", but the Fa's for both these types will be handled like all other operator error cards). The operator then returns the package and the time card to the control desk.
9. The Control Desk Clerk checks the entries on the verifying time card, finds the matching time card and staples the two cards together, back to back. She then removes the rejects and errors from behind the divider card, counts them and substitutes in the pack an equal number of verified Fa cards and matching Fp cards from a package of cards of the same type which is held on the control desk for the purpose (see below). The package turned in by the verifier is then divided up into Fa's and Fp's and placed in files marked "Ready for Tab Room" with one divider card to each pack.
10. The Control Desk Clerk will need to have on her desk a full package of Fa and Fp cards of each type, already verified and completely corrected. She will use this package for making substitutions as described in step 9. Cards withdrawn from these packs will be replaced by Fa's of the same card type that were rejects or that were found to have been punched in error. As the "substituting" pack gradually becomes filled with errors and rejects, the Control Desk Clerk takes another "substituting" pack from among those that are ready to be broken up to go to the

Tab Room. When a pack becomes completely filled with errors and rejects, the Control Desk Clerk turns it over to the Supervisor. The rejects should be separated from the errors by a divider card.

11. The Supervisor corrects all the rejects in this package of Fa's and turns the package over to the Control Desk Clerk who keeps it in a file marked "Corrections, Type___".

12. The Correction Puncher will obtain her work from the file marked "Corrections, Type___", and will punch all cards in the package, both rejects and errors. This pack will then be returned to the Control Desk Clerk and issued to a Corrections Verifier who will both verify the work and also take care of repunching any errors she may find. When finished, the package will be returned to the control desk where it will be broken up into Fa's and Fp's and placed in the "Ready for the Tab Room" files with one divider card to each pack.

Instructions for punching Items on Type 6 and 7 cards

General

1. The operator gets a 45 FP skip bar and stack of 1945 Fp cards. The skip bar is a combination automatic and "X" skip bar. (See Figure for card column indications for skip bar).

2. Place Fp's in card stacker and insert skip bar. Place a card in the duplicating rack punched 45 in columns 38 and 39. This is to duplicate year of admission in each card. Make sure automatic space switch is off.

Item 1 - Name, columns 1-14

Punch the first 4 letters only of the last name. The carriage automatically skips to column 9. Punch the first 2 letters only of the first name. The carriage automatically skips to column 13. Punch the middle initial and carriage automatically skips to column 15.

EXAMPLES:

JONES, Edward Robt.
WILLIAMS, Donald Alex
ARNOLD, Robert Tony

PUNCH:

JONE ED R
WILL DO A
ARNO RO T

Some last names may have only 3 letters. The operator must space once after last name in order to get an automatic skip to next field.

EXAMPLES:

COX, Thomas Harold.
LEE, Robert Edward

PUNCH:

COX (space) TH H
LEE (space) RO E

If any last names have only 2 letters, the operator must space twice before skip. Spaces will not be allowed for broken names.

EXAMPLES:

McDONALD, Donald James
Mac AFEE, Robert Roy
O'BRIEN, Joseph James
St CLAIR, Arthur B.
De PIETRO, Joseph Domenic

PUNCH:

MCDO DO J
MACA RO R
OBRI JO J
STCL AR B
DEPI JO D

Some cards come in with only initials for the first name. After punching an initial the operator must space in order to get an automatic skip to column 13 for the middle initial.

EXAMPLES:

BROWN, A. Albert
CAMPBELL, R. J.
FOWLER, J. Robert
HARRISON, R. D.

PUNCH:

BROW A (space) A
CAMP R (space) J
FOWL J (space) R
HARR R (space) D

If puncher punches too many columns for any one of the 3 fields, the card must be repunched.

Item 2 - Race, Column 15

Race designations or abbreviations are given in the race blank of the Fa card and will be punched according to the code given below, in column 15. In some cases it may be necessary to judge the proper race code from a stated nationality. The inclusions shown in the code classification will assist in this judgment.

If the race information is not legible or no information is given, code "white."

<u>Race Information</u>	<u>Punch</u>
White - - - - -	1
Include White; Caucasian, all European nationalities	
Negro - - - - -	2
Include Negro, "black"	
Filippino - - - - -	3
American Indian - - - - -	4
Include Indian, "red"	
All other - - - - -	5
Include Chinese, Japanese, Mongolian, Chamorro, Samoan, Hindu, "yellow", Asiatic races, etc.	

Item 3 - Year of Birth, columns 16, 17

Punch year of birth in columns 16 and 17. Year of birth will be in the second square on line 2 in body of Fa card. If year born is not given, or is an impossible one, place that Fa among the rejects

Item 4 - Rank or Rate, columns 18, 19, 20.

Punch rank or rate code which will be written in the first 3 code blocks in fourth row of blocks. Punch in columns 18, 19 and 20. If code blocks are left blank, place that Fa among the rejects.

Item 5 - Aviation, column 21

Punch aviation code which will be written in the last code block in fourth row of blocks. Punch in column 21. A code must be given for every card.

Item 6 - Length of Service, columns 22, 23, 24, 25

Length of service will be given in the designated square on line 3 of the Fa card. Punch in columns 22, 23, 24 and 25. Length of service must always be expressed in years and months. If length of service is given as 0-9, punch 00 for years and 09 for months. If length of service is given as 1-7, punch 01 for years and 07 for months. If given as 11-7, punch 11 for years and 07 for months. If given as less than one month punch 00-00.

If length of service is not given as years and months, convert to these units before punching. For example, convert 16 months to 01-04 before punching. Convert 45 days to 00-01. If length of service is not given, or is an impossible one, place that Fa among the rejects.

Item 7 - Diagnosis, columns 26, 27, 28, 29

Punch diagnosis code which will be in first square on line 4 in body of Fa card. Punch in columns 26, 27, 28 and 29. If diagnosis is a 3 digit code, add 0 in front of 3 digits in punching. If square is left blank, place that Fa among the rejects.

Item 8 - Anatomic location, columns 30, 31, 32

Punch anatomic location code which will be written in the last 3 code blocks in 7th row of blocks. Punch in columns 30, 31 and 32. If these 3 squares are blank, strike the skip key and skip to column 33.

Item 9 - Taken up, column 33.

Information on method of taken up will be given as one of a standard set of abbreviations or symbols. These abbreviations will be entered in the first square on line 5 of the Fa card. Punching will be done directly, without coding, as indicated.

<u>Method of taking up</u>	<u>Symbol</u>	<u>Punch</u>
New admission	A	1
New admission, existed prior to entry	EPTE	2
Readmission	RA	3
Admitted Contributory Disability	ACD	4
Remaining	"___"	5
Additional Diagnosis	AD	6

Item 10 - Date of taken up, columns 34, 35, 36, 37

Punch month and day of admission in columns 34, 35, 36 and 37. Date will appear in second square on line 5 in body of Fa card. If month is given as a single digit, punch zero in front. Do the same for day. If card is for a remaining case and bears a date earlier than 1945, punch as 0101 for month and day.

Item 10 (cont.) - Year, columns 38, 39

If card has been punched in the correct columns up to this point, the year of admission should duplicate into columns 38 and 39 automatically. If there has been punching in wrong columns, the machine will not duplicate. Repunching of the card can start immediately. If duplicating started before completion of the "day" punching, that too would indicate an error and repunching could start.

Item 11 - Disposition, column 40

Information on method of disposition will be given as one of a standard set of abbreviations or symbols. These abbreviations will be entered in the 3rd square on line 5 of the Fa card. Punching will be done directly, without coding, as indicated.

<u>Method of Disposition</u>	<u>Symbol</u>	<u>Punch</u>
Duty	D	1
Diagnosis changed	C	2
Died	DD	3
Invalided from service	IS	4
Ran	R	5
Continued	"___"	6

Item 12 - Sick days, columns 41, 42, 43

Punch "sick days" in columns 41, 42 and 43 from sick day square on line 5 in body of Fa card. If given as a one or two digit number, punch zeros in front to make a total of 3 digits. If sick day square is blank, place card among the rejects.

Item 13 - Hospital sick days, columns 44, 45, 46

Hospital sick days are punched in columns 44, 45, and 46 from last 3 code blocks of the 9th line of blocks. After punching "hospital sick days", glance at Key square. If Key is blank, strike skip key for skip to column 50. If there is no coding for Hospital Sick Days glance at Key. If this is also blank, strike skip key which carries card to column 50. If there are no hospital days but there is a Key, space three times to carry card to field for Key.

Item 14 - Key letter, columns 47, 48

Punch Key code in columns 47 and 48. This will be a 2 column numeric code rather than the old single-column alphabetic code. Key letter will be in the square on line 6 in body of the Fa card. Code for Key letters will be punched from the code sheet. The puncher should keep in

mind that each time key is punched there is a Cause and Factor to follow. On a very few class 26 cards there will be a cause and factor without Key.

Codes to be punched for each Key letter are:

<u>Key Letter</u>	<u>Punch</u>	<u>Key Letter</u>	<u>Punch</u>
A	01	I	09
B	02	J	10
C	03	K	11
D	04	L	12
E	05	M	13
F	06	N	14
G	07	O	15
H	08		

Item 15 - Specialty code, column 49

Punch Specialty code in column 49. This will be a single column numeric code. Specialty will be in square on line 6 in body of Fa card. If the square is blank, space once. Code will be punched from code sheet kept on machine.

Codes to be punched for each Specialty letter are:

<u>Specialty Letter</u>	<u>Punch</u>
R	1
S	2
U	3

Item 16 - Ship or Station, columns 50 through 56

Punch ship or station code in columns 50 through 56. This will be a 7 digit code written in the last 3 code blocks of 10th row of blocks and all 4 blocks of 11th row. Some cards will be found on which the station code is stamped, all 7 digits being in the lower left corner of the card. If station code is missing or incomplete, place card among rejects.

Item 17 and 18 - Causative Agent and Factor, columns 57 through 61

After punching ship or station code, glance at upper right hand corner of Fa card. If no code appears and no ACD diagnosis is given on line 10 in body of Fa card, strike eject key for completion of card. If there is a cause and factor code in the upper right hand corner, punch in columns 57 through 61. If there is no ACD diagnosis code on line 10 in body of Fa card, strike eject key for completion of punching. If there is no cause and factor code but an ACD code appears, strike skip key which carries the card to column 62.

Item 19 - ACD diagnosis, column 62 through 65

If there is an ACD diagnosis on line 10, punch in columns 62 through 65. If the diagnosis is only a 3 digit code, punch zero in front. The carriage will automatically skip out at this point.

3. Instructions for handling errors and rejects and for filling out time cards are contained in the Routing Procedure above.

Verifying Instructions for Type 6 and 7 cards

1. Verifying will follow the same steps in procedure with the exception of the following:

(a) Work to be verified will be taken from a file marked "To Verify, Type__".

(b) A card will be used in the duplicating rack of the verifier punched x,1 and 2 in both columns 38 and 39 in order to allow automatic skipping of columns 38 and 39.

2. Instructions for handling errors and rejects and for filling out time cards are contained in the Routing Procedure above.

Notes and corrections:

This image shows a single sheet of white, slightly textured paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a few small, faint brown spots or smudges, particularly near the top edge. The overall appearance is that of a clean, unused piece of stationery or notebook paper.



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